

Arkansas Department of Human Services
Division of Behavioral Health Services
Office of Alcohol and Drug Abuse Prevention



Alcohol/Drug Management Information System (ADMIS)

Instruction Manual

Revision January 2, 2009

Lindsay Harris, ADMIS Administrator
Telephone: 501-686-9868
E-mail: lindsay.harris@arkansas.gov

Created by: Barbra Brooks, Research Project Analyst

Table of Contents

INTRODUCTION.....	4
GETTING STARTED.....	5
SECTION 1.01 THE MAIN SYSTEM MENU	8
SECTION 1.02 CLIENT MAINTENANCE BROWSE	9
SECTION 1.03 ENTERING AN ADMISSION REPORT (AR)	11
SECTION 1.04 ENTERING A SUBSTANCE USAGE AT ADMISSION	22
SECTION 1.05 ENTERING AN ENVIRONMENT CHANGE REPORT	25
SECTION 1.06 ENTERING A DISCHARGE REPORT (DR)	28
SECTION 1.07 ENTERING SUBSTANCE USAGE AT DISCHARGE	32
SECTION 1.08 ENTERING AN ADMISSION UPDATE	34
SECTION 1.09 FINANCIAL SERVICES SUBSYSTEM.....	35
SECTION 1.10 MONTHLY BILLING.....	36
SECTION 1.11 BILLING APPROVAL/ADJUSTMENT.....	39
SECTION 1.12 BILLING SUMMARY BY PROGRAM AND SERVICE	42
SECTION 1.13 OVER BILLING	44
SECTION 1.14 PROVIDER SERVICES PAYMENT ADJUSTMENT	45
SECTION 1.15 INVOICES	48
SECTION 1.16 SYSTEM ADMINISTRATION SUBSYSTEM.....	52
SECTION 1.17 REPORTS	54
 <u>APPENDICES</u>	
TREATMENT PROGRAM REQUIREMENTS.....	57
SOURCES OF INFORMATION	58
DRUG TYPES	62
OCCUPATION	64
SUPPORTIVE SERVICES.....	69
NEW SOURCE REFERRALS AND DETAIL CRIMINAL	
REFERRALS.....	70
ADMISSION	
REPORT.....	71
ENVIRONMENT CHANGE REPORT.....	
74	
DISCHARGE	
REPORT.....	75

GLOSSARY.....	76
----------------------	-----------

Introduction

The Alcohol/Drug Management Information System (ADMIS) is a data collection system developed and operated by the Department of Health and Human Services, Division of Behavioral Health Services-Office of Alcohol and Drug Abuse Prevention (OADAP) to be used in alcohol and drug abuse treatment programs in the State of Arkansas.

Reporting under this system is a requirement in accordance with Act 25 of 1991 and applies to ALL alcohol or drug treatment programs that are licensed by OADAP, funded or non-funded programs.

The Office of Alcohol and Drug Abuse Prevention will occasionally conduct special studies that will result in the collection of detailed data. These special studies projects may include, but are not limited to the study of special population groups, special alcohol/drug problems, and employment status. ADMIS is the primary vehicle used to collect special studies information.

The purpose of the ADMIS system is to provide current information that describes the clients and the treatment provided to them in order to aid in planning, management, and evaluation of alcohol/drug treatment and rehabilitation programs on both a State and National level. The system is designed to be flexible in order to take into account the wide variety of clients being served by an equally wide variety of programs.

The OADAP is the Single State Agency (SSA) for alcohol and drug programs in Arkansas and *welcomes any comments or suggestions for the continued improvement of this management information system.*

This instruction manual for ADMIS supersedes any previous handbooks and instructions issued prior to March 25, 2009.

Getting Started

Welcome to the Alcohol/Drug Management Information System (ADMIS)! This will guide you through the process of the monthly billing system, reports, and the introduction of processing online. All of ADMIS services are accessible online at

<https://dhs.arkansas.gov/dbhs/oadap/index.aspx>

Creating Your User Profile

All ADMIS users have a unique user profile, which includes a user ID and User password. Each provider has a unique provider ID number that begins with a D or L.

To create a user profile:

1. All new users must call the Administrator to get a user ID and password.
2. When a user ID and user password is created by the Administrator, you will be able to log in to your account.



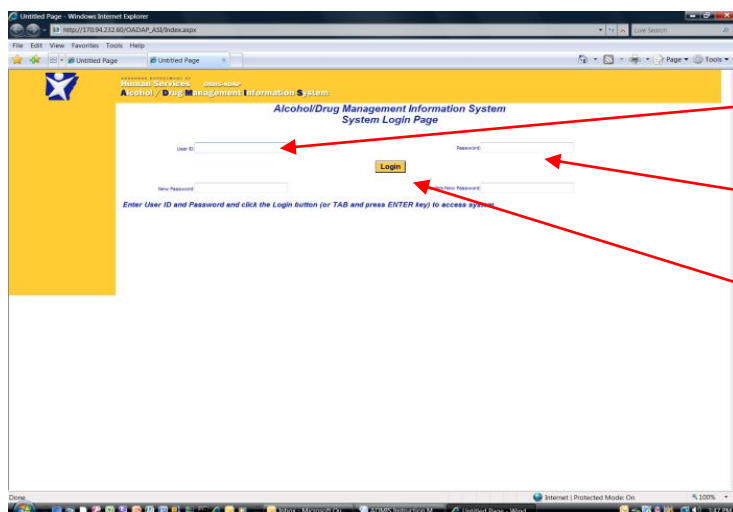
If an Administrator is unavailable call the main number (501) 686-9866 to get assistance.

1) Logging In

To login to ADMIS:

1. Go to <https://dhs.arkansas.gov/dbhs/oadap/index.aspx>
2. On the log in page, enter your **User ID** and **Password**.
3. On the **Login** Button, click your mouse or push enter on your keyboard.

Login



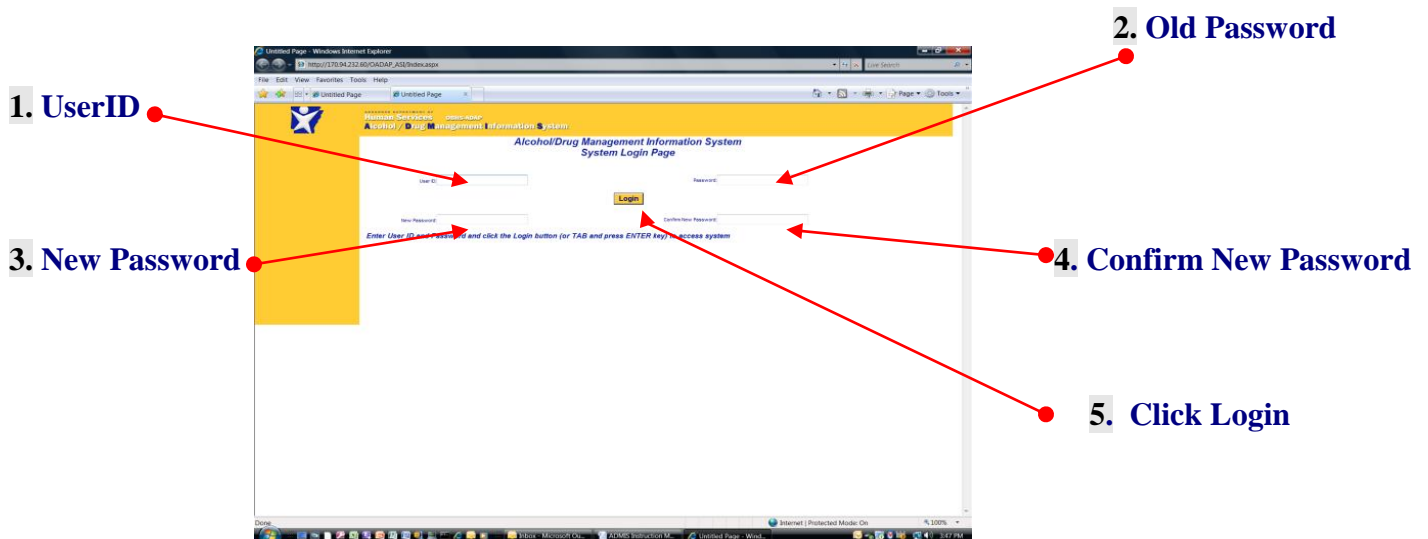
1. User ID

2. Password

3. Login

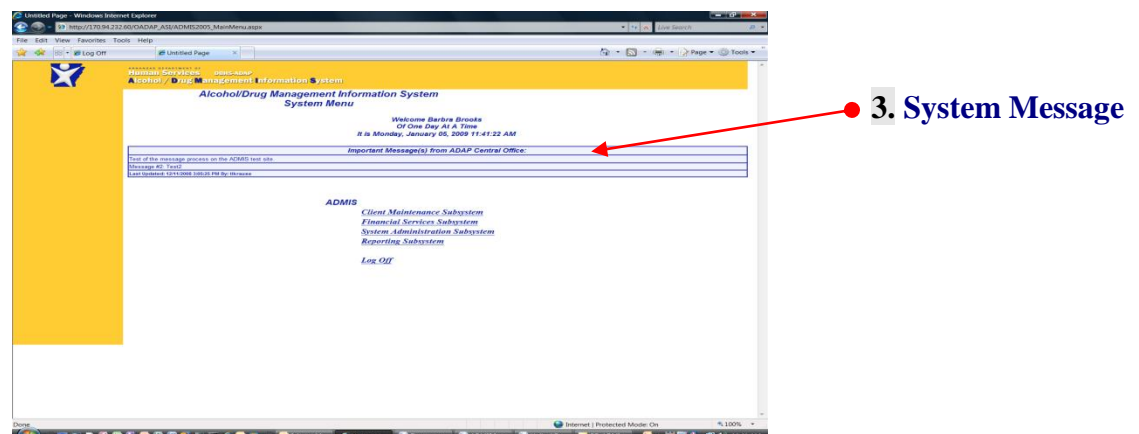
4. If you do not like the password given by the Administrator it can be changed. In order to do so, enter your User ID and Password only the Administrator can only change your User ID. The User ID is always the first letter in your first name and then your full last name.
5. Click in the **New Password** box and enter your new password that you would like to have. Click again in the **Confirm New Password** box.

! A password will expire in sixty days from the date that is given if it is not changed within this time frame. It must contain 8 characters with the first letter capitalized and one number at the end. If your password expires, you will have to call the Administrator to get a new password.

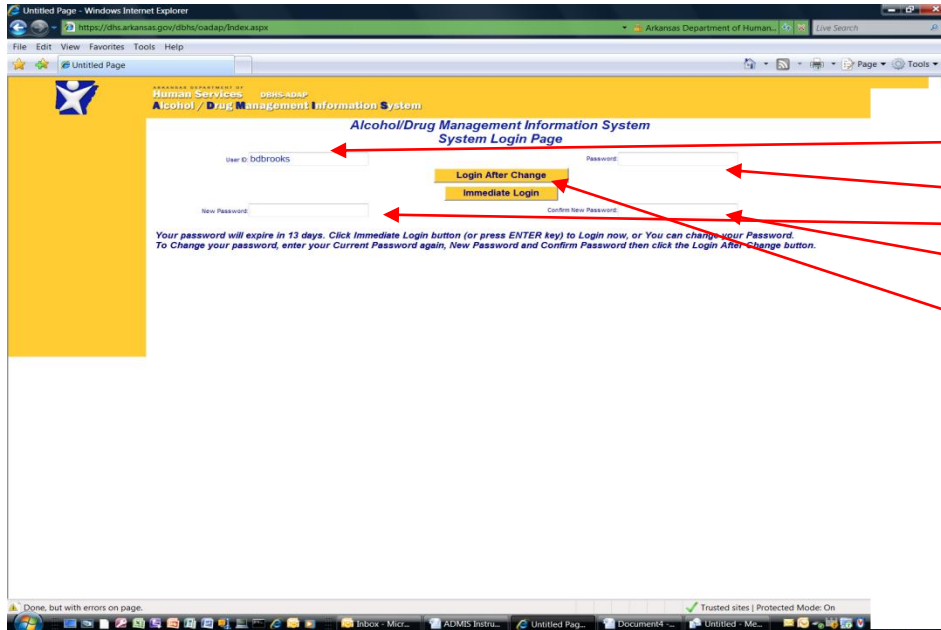


6. On the **Login** Button, click your mouse or push enter on your keyboard.

! Occasionally, there will be a **System Message** on the Main Menu screen that will have a message that will pertain to something that you need to know after you login.



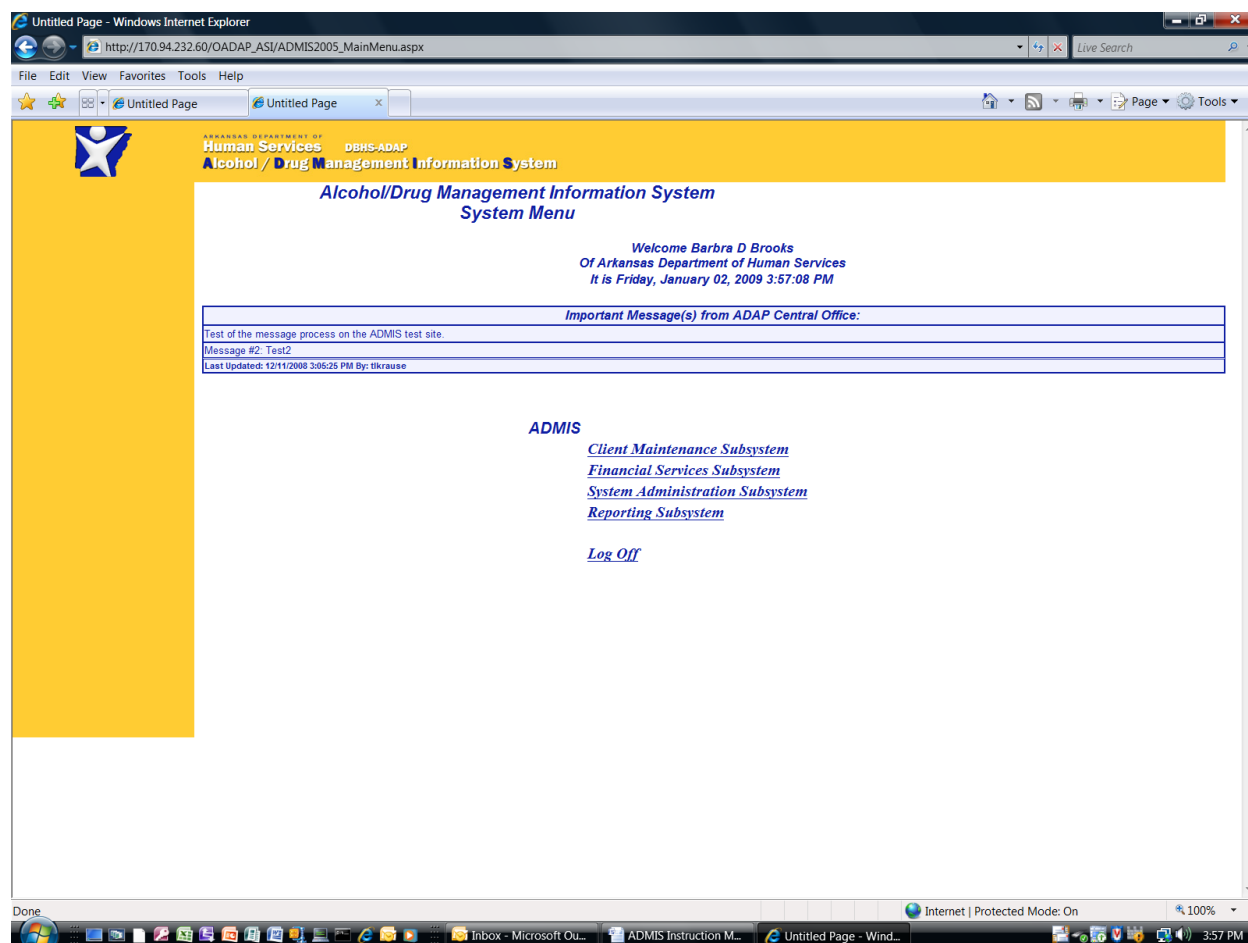
6. There will be a notification that your password will expire in so many days. There will be a choice to change your password and login after it has changed or immediately login.



1. To change your password:
 - a. Enter UserID and then enter old password.
 - b. Add new Password and then confirm your new password.
 - c. Click Login After Change.
 - The password always has to begin with a Capital letter and has to be eight characters with a number at the end.

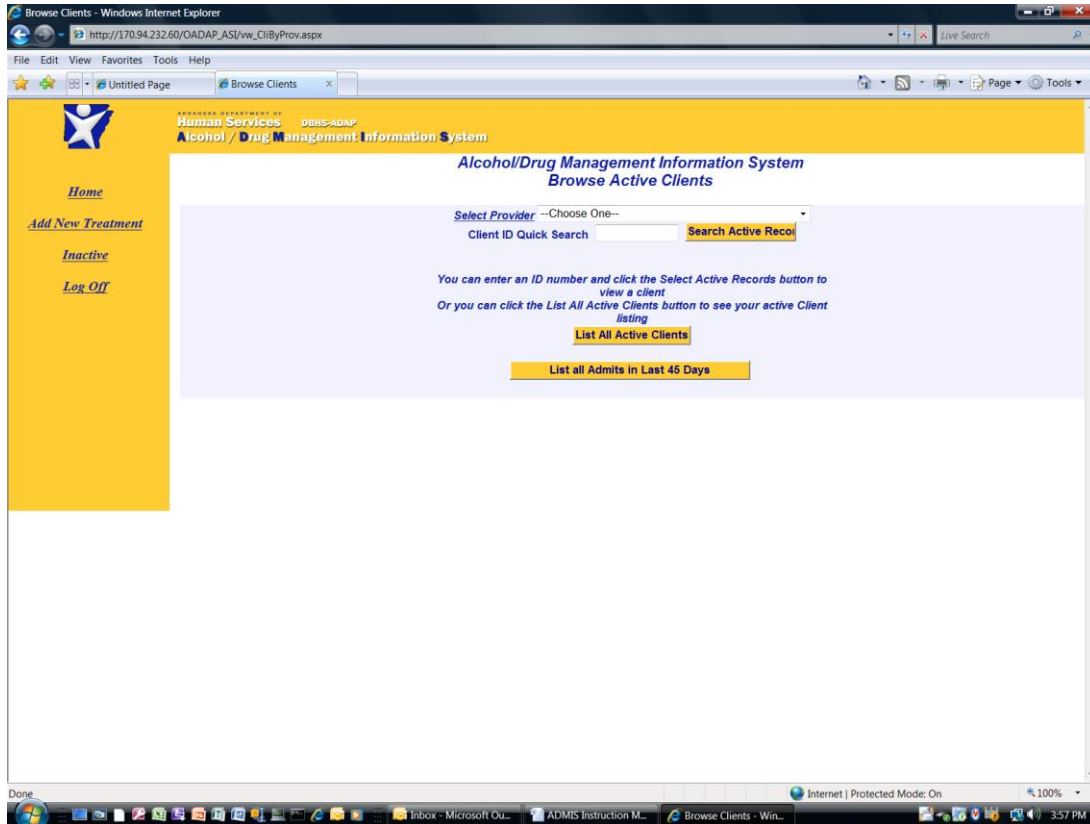
Section 1.01 *The Main System Menu*

The main menu contains certain functions that can guide you through the system. As you will see if you are a new user, the functions consist of [Client Maintenance Browse](#), [Financial Services Subsystem](#), [System Administration Subsystem](#), and [Reporting Subsystem](#). On the left you even have the capabilities to even [Log Off](#) and to even look at the [ADMIS Instruction Manual](#). Let's look at some of these functions.




Section 1.02 *Client Maintenance Browse*

The client maintenance browse is where you can search for active clients, list all active clients, and view clients that are still active for more than 75 days. Additionally, this is where you can add your active clients, discharge your client, and change the client environment. It also contains a log off and home on the left side of the page.

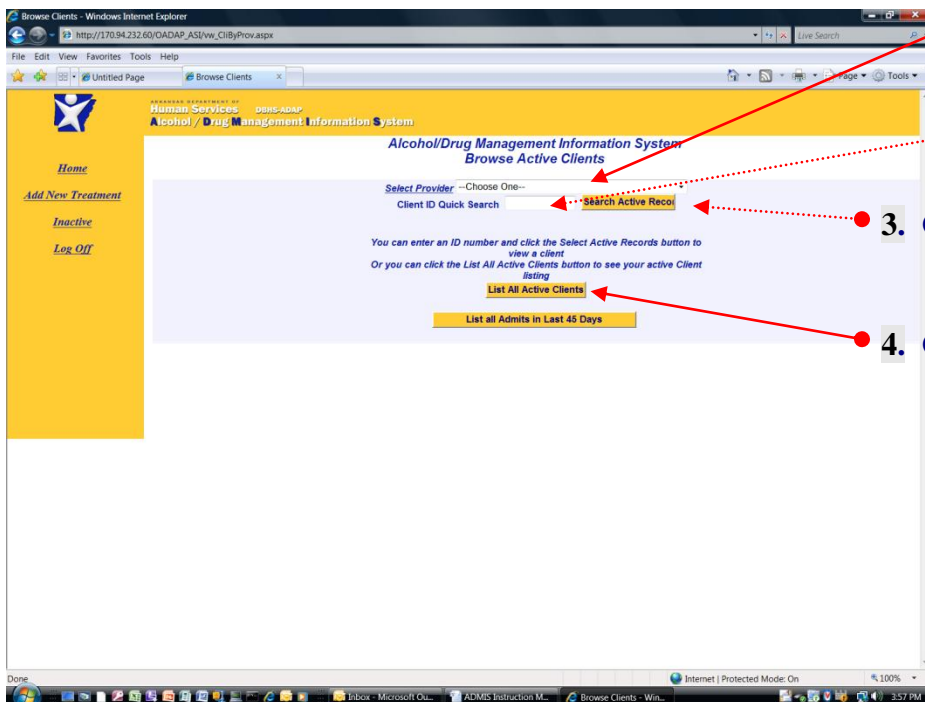


Search Active Clients

1. Your Provider ID and Provider Name will automatically appear.
2. Click **Client ID Quick Search** add client ID. The client ID is a zero with the client's social security number. Example: 0455132870
3. Click **Search Active Records**.

 This will give you a quick search to see if the client has been entered or discharged.

4. Click **List of All Active Clients**



1. Provider ID and Name

2. Client ID

3. Click Search Active Records

4. Click List All Active Clients

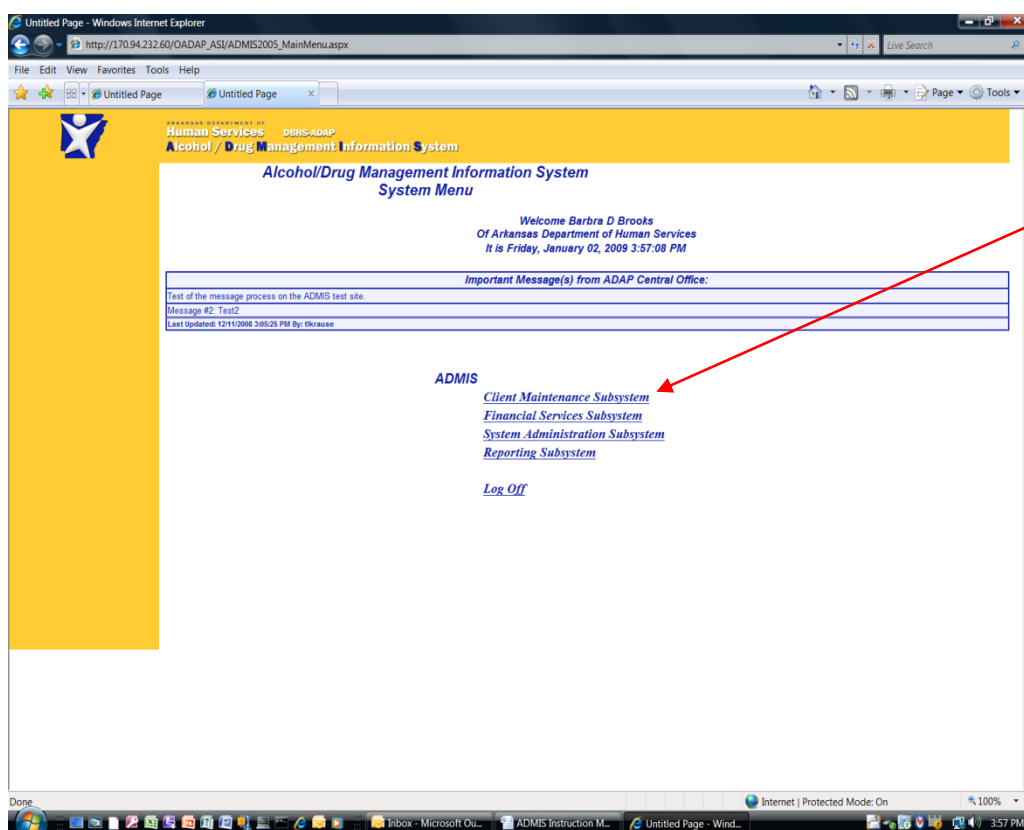
*This searches for all active clients that are in your facility at the present time.

Section 1.03 Entering an Admission Report (AR)

The Admission Report (AR) is to be completed each time a client enters treatment at a program, regardless of the type of admission, whether it is a first time admission, readmission, or a transfer admission from one program to another program. The Admission Report provides data on admission status, client characteristics, and alcohol/drug problems. The Admission Report also collects information on the client's socio-demographic characteristics, treatment history, treatment plan components, and alcohol/drug history.

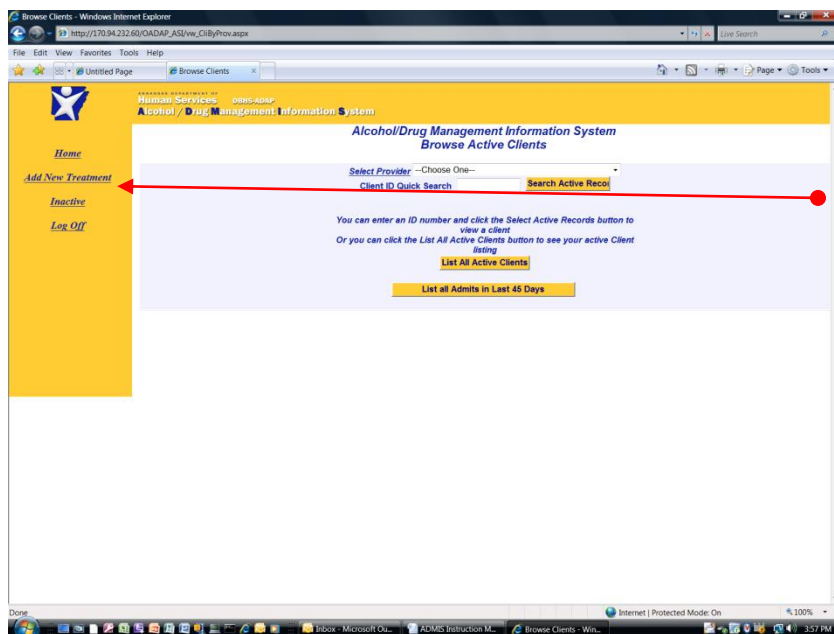
Admission Report (AR)

1. Sally needs treatment and has to enter treatment. Click **Client Maintenance Browse** on the **Main Menu Page**.



1. Click Client Maintenance Browse

2. On the Browse Active Clients Page, click with your mouse, **Add New Treatment**.



2. Click Add New Treatment


4. After you click **Add New Treatment**, you will get this page to enter the Admission Report.

5. On the **New Treatment Episode** homepage, **Enter Client ID** number to search to see if the client is in another facility then click with your mouse **Client Search** or you can use CTRL S on

1. Enter Client ID


2. Click **Client Search** your keyboard. The Client ID must begin with a zero and the Social Security number for the client.
Example:
0433185555

Enter Client ID

 If the client is at another facility and is not discharged. Call or e-mail the administrator to contact the other facility to discharge the client. Please do not write, the client's name or social security number in the subject line of the e-mail or e-mail the ClientID because of the HIPPA and Federal Confidentiality Laws. Although, you can write that it is an active episode. **If you do not have a client ID contact the ADMIS Administrator to get a pseudo number.**

6. Enter the new **Client ID** if they are not at another provider.

Enter Client ID

 First enter a zero and the actual social security number.

7. Enter the **Date of Birth** of client. This has to be in the format of mm/dd/yyyy.

Date of Birth (mm/dd/yyyy)

8. Enter the **Client's First Name**.

Client's First Name

9. Enter the **Client's Middle Name**.

Client's Middle Name

10. Enter the **Client's Last Name**.

Client's Last Name

11. Choose the **Client's Sex**-Male, Female, or Unknown.

Client's Sex



If the client is male the questions that deal with women's services will be grayed out.

12. Choose the Client's Race. The race categories are White, Black, American Indian, Alaskan Native, Asian, Hispanic Mexican, Hispanic Puerto Rico, Hispanic Cuban, Other Hispanic, Nat Hawaiian/Pl, and unknown.

Client's Race



These are based on staff observation and client self-identification; choose one of the races, which have been chosen to conform to the Office of Federal Statistical Policy and Standards, U.S. Department of Commerce. If a client is racially mixed; enter the code for the race/ethnic background with which he/she identifies. * *See Glossary for Race definitions*

13. Choose Client's Ethnicity if the client is Hispanic and if not leave it as Not Hispanic. These choices are Puerto Rican, Mexican, Cuban, Other Specific Hispanic, Not Hispanic, Non Specific Hispanic, and Unknown.

Client Ethnicity



Identifies the client's specific Hispanic origin, if applicable.

14. Enter Client's **Admit Date**, which is the date that the client first entered your facility and had his/her face- to- face interview or treatment contact. The date of admission of a transferred client is the actual date the client receives a face-to-face treatment interview. Enter two digits each for month, day, and 4 digits for year.

Admit Date (mm/dd/yyyy)

15. Choose the **Admission Type**. Choose one of the following: First Admission, Readmission, and Transfer to an ADMIS Program, or Transferred to a Non-ADMIS Program.

Admission Type

16. Choose the **Environment Admitted** that the client was admitted. This indicates the treatment environment that the client was assigned by the program staff. The choice is Detoxification, Residential, Day Treatment, and Outpatient.

Environment Admitted to

17. Choose **Modality Admitted**. This indicates the geographic unit (facility/program) in which treatment takes place: Detoxification, Maintenance, Alcohol/Drug Treatment, and Other.

Modality Admitted

18. Choose the **Funding Source for Initial Environment**. This is determined by the services provided and the available contract. The Funding Source is filled based upon the Date of Admission. Enter the Date of Admission and then tab off the field and it will fill the Funding Source drop down list based upon the date.

Funding Source for Initial Environment?

19. Choose if the Client is in **Specialized Women's Service**. Yes or No

Specialized Women's Service

20. Choose whether the client is **Pregnant**. Yes or No

Pregnant

21. Choose whether the client has **Children**. Yes or No

Children

22. Choose if client receives **Medicaid**. Yes or No

Medicaid

23. Enter how many days that the client had to await for treatment.

Days Awaited Treatment



Indicate the number of days that elapsed from the first time the client contacted a treatment agency until he or she began to receive treatment services. Excluded are time delays resulting from the client failure to comply with administrative procedures or to meet other obligations.

24. Choose what type of **Co-dependent Status** that the client is in at admission.

Co-dependent Status

-Choose One-



In the Co-Dependent Status ask the counselor the following questions:

1. Is seeking services due to problems arising from his/her relationship with an alcohol or drug user? This applies only to those persons who are not yet clients (walk-ins – can't bill).
2. Has been formally admitted for treatment (services) and the alcohol or other drug abuser is not admitted client?
3. This client has a separate record; or has his/her own client record within another primary client record?
4. Services are re billed under another client's number?
5. None of the above are applicable?




For individuals whose Admission Report is marked as a walk-in or has a record within another client's record only, complete the top section.

25. Choose what type of **Source of Referral** that the client was referred.

Source of Referral

-Choose One-



The referral is to indicate the agency, individual, or legal situation through of the client is committed or referred to treatment. When there is a combination legal and self or private referral, the legal commitment takes priority over the other sources.  Please see Appendices to see the Source of Referral types.

26. Choose **Occupation** as identified by the client.

Occupation

-Choose One-



Please see Appendices to see the occupation types.

27. Choose **Martial Status** at admission.

Martial Status

28. Choose client's **Employment Status at Admit**.

Employment Status at Admit



The employment status definition indicates if the client is employed (includes self - employment) or unemployed at the time of admission. (Definitions are consistent with those of the U.S Bureau of Labor Statistics.)

In order for a client to qualify as being employed the client's earnings must be subject to income taxes. For example, stipends and welfare payments are not taxable; therefore, the client whose sole source of income is derived from these monies would not be considered employed. Income through illegal drug sales is not considered legal employment.

29. Choose client's **Highest Grade Completed**.

Highest Grade Completed



If a client has completed their GED then it would be considered 12th grade completion no matter what age group that they are at the time of admission.

30. Choose whether the client is **Currently in Educational or Skill Development Program**.
Yes or No


Currently in Educational or Skill Development Program



This indicates the client is attending an educational or skill development program on a full or part-time basis at the time of admission. Participation in an educational program is attendance at a school or college from which the client will receive a diploma or degree. High school equivalency programs are included. On the Job Training (OJT) is considered to be participation under this item as is enrollment as a client under Rehabilitation Services. Participation in a skill development program provides the client with vocational training (for example; clerk, barber, or mechanic).


31. Enter client's **Number Convictions 12 months prior to this admit**.

Number Convictions 12 months prior to this admit

 This is a number of times the client was convicted during the 12 months prior to admission. The codes range from 00 to 96. If a client was convicted more than 96 times, enter code 96. Convictions do not have to be only alcohol/drug related to be included in this item.

32. Enter **Number of Prior Admissions to Any Treatment Program**. Enter the number of admissions and readmissions to any alcohol/drug treatment program that occurred.

Number of Prior Admissions to Any Treatment Program


 This is prior to this admission or readmission. The codes range from 00 to 96. If a client has had more than 96 prior admissions, enter code 96. Prior admissions or readmissions to this program are included; consequently, at least one prior admission will be recorded here, if **Admission Type** is readmission. This does not count transfer admissions within the program in this item.

33. Enter **Number Arrests in last 30 Days**.

Number Arrests in last 30 Days

34. Enter **Months Since Last Discharge**. Enter the number of months that have elapsed since the client was last discharged from alcohol/drug treatment prior to the current admission.

Months Since Last Discharge

 The codes range from 00 to 96. If more than 96 months have elapsed, enter code 96. Count any portion of a month as a full month. For example, 2 weeks should be entered as 01; 6 months and 1 week should be entered as 07. Enter 00 if the client has had no lapse in treatment. For example, if the client has been referred to your program through a formal agreement (written or oral) with the referring program, 00 would be entered to indicate no lapse in treatment. If the client has had no prior discharges from this or any other treatment program the code would be 00.

34. Choose client's **County Code at Admit**. Enter the county in which the client resides.

County Code at Admit



The County in which the client is being treated is not to be used unless the client resides in the same county in which the treatment is provided. *County Names are provided in the Appendices.*

35. Choose if the client is **Dually Diagnosed**. Yes or No.

Dually Diagnosed



Dually diagnosed is a client diagnosed with a substance abuse and a mental illness, as defined in the DSM-IV. The “yes” should only be chose if there is such a diagnosis made and documented for the record by a Mental Health Professional.

36. Choose what type of health insurance that the client has in the **Health Insurance Type** at admission. Choose the appropriate Insurance type.

Health Insurance Type



Determine if the client has health insurance at the time of admission to this program, not whether alcohol/drug treatment is specifically covered by the client's insurance.

37. Choose whether the client **Receives SSI/SSIDI**. Yes or No.

Receives SSI/SSIDI

38. Choose whether the client **Receives TANF/TEA/Welfare to Work**. Yes or No.

Receives TANF/TEA/Welfare to Work

39. Choose whether the client is receiving **Opioid Treatment**. Yes or No.

Opioid Treatment

40. Choose the **DSM Code** for the client. Enter the DSM Code as defined in the DSM-IV if “Yes” was chosen at the Dually Diagnosed or Alcohol /Drug DSM Code. **This is a requirement and a number.**

DSM Code

41. Choose the client's **Living Arrangements**.

Living Arrangements

42. Choose the client's **Client Veteran Status**. Yes or No.

Client Veteran Status

43. Choose what type of income that the client has in the **Client Income Source**.

Client Income Source

44. Choose the way that the client is expected to pay for treatment in the **Expected Payment Source**.

Expected Payment Source


45. Choose **Not In Labor Force (NIF)** that applies to the client at admission for the **Detail NIF Code**. **See Glossary for definitions*

Detail NIF Code

- **The Detail Not In Labor Force Code will be grayed out if the client is employed or does not fall within the code.**

46. Choose the Criminal Referral that applies to the client at admission for the **Detail Criminal Referral**.

Detail Criminal Referral

- **The Detail Criminal Referral will be grayed out if the Source of Referral was not a legal referral.**  *Please see Appendices to see the Source of Referral types.*

47. Choose whether the client is a US Citizen. Yes or No

US Citizen

48. Choose Yes or No if the client has received social support in last 30 days of admission.

Social Support Program in last 30 days

-Choose One-

- **The Social Support categories are:**
Faith Based Groups
AA, NA, CA and other support groups

Re-enter Client ID for confirmation.

Re-enter Client ID for confirmation



****Please recheck everything that is on the Admission Report (AR) before submitting the form. You cannot delete the form. ****

Section 1.04 *Entering a Substance Usage at Admission*

After entering the Admission Report, the Substance Abuse at Admission will be viewed at the bottom of the page; this will complete the alcohol/drug usage in order to complete the Substance Information. It is important to know that ADMIS distinguishes between chemical substances that are problems, those that were merely used during 30 days prior to admission, and whether the client has ever used a needle to administer drugs.

Each client's alcohol/drug problem(s) is to be individually assessed. Do not compare one client's pattern of alcohol/drug involvement with that of another client.

Problem drug(s): From the drug types, identify and enter the drug(s), which causes the client's dysfunction at the time of admission. Identify any drug used intravenously/intramuscularly at any time during the client's drug taking history.

The Substance Abuse at Admission is located at the bottom of the page of the Admission Report.

Substance Use at Admission					
	Drug Type(s)	Problem Severity	Frequency of Use	Usual Route	Age at first use
Primary	--Choose One--	--Choose One--	--Choose One--	--Choose One--	
Secondary	--Choose One--	--Choose One--	--Choose One--	--Choose One--	
Tertiary	--Choose One--	--Choose One--	--Choose One--	--Choose One--	
IV / IM	--Choose One--	--Choose One--	--Choose One--	--Choose One--	

Submit

2. Choose the Drug Type whether it was a primary problem, secondary problem, tertiary, or is an IV/IM user. **See Appendices for the list of Drug Types.*

For ADMIS purposes IV/IM, and any subcutaneous or "skin popping" injection should be included in this column. A DRUG TYPE MUST BE INDICATED.

3. The alcohol/drug treatment programs, (alcohol) will be listed as the primary problem in most cases. However, some clients may be involved with drugs as well. Therefore, if applicable, information regarding use of drugs, other than alcohol, must be recorded.

EXAMPLE - A client who has a primary problem of amphetamine, a secondary problem of marijuana, and a previous problem of injecting heroin will show an abuse pattern as shown in the example:

	Drug Type(s)	Problem Severity	Frequency Of Use	Usual Route	Age at First Use
Primary	Amphetamine	__Choose One__	__Choose One__	__Choose One__	
Secondary	Marijuana	__Choose One__	__Choose One__	__Choose One__	
Tertiary	Alcohol	__Choose One__	__Choose One__	__Choose One__	
IV/IM	Herion	__Choose One__	__Choose One__	__Choose One__	

4. Problem Severity

From the severity definitions, rank and record the severity for each drug type identified. A high degree of coordination must be maintained between the treatment staff and the person(s) reporting on ADMIS to insure the most accurate and descriptive severity is used. **See Glossary for definitions.*

5. Frequency Of Use

Choose one of the definitions to indicate the frequency of alcohol or drug use during the 30 days prior to admission for each drug type recorded. If more than one frequency exists, enter the highest frequency. **See Glossary for definitions.*

6. Usual Route

Choose one of the definitions to indicate the client's most recent usual route of administration at the time of admission. If more than one route of administration exists, enter the most frequent route.

If a client has a current (primary) drug problem, or has within the past month (secondary) had a drug problem with a route of administration of Intravenous or Intramuscular (including subcutaneous), choose the drug in the appropriate column and utilize the IV/IM column, the previous situation does not apply, do not choose anything in this column. **See Glossary for definitions.*



****Do not indicate in more than one of the three columns for the same drug. ****

7. Age Of First Use

Enter the age of the first use to indicate when the client first became involved on a regular basis in the alcohol/drug type(s). If the exact year is unknown, estimate as closely as possible. First use does not include incidental or irregular sampling provided by a parent. Rather, first use includes initiation of use on one's own or regular supply by others. For IV/IM use, enter the age the client first utilized this route of administration.

However, if you just want to see what the Drug Types were at admission for an individual client.

- Click the link [Client Maintenance](#)
- On the [Browse Active Clients](#) page enter the [Client ID](#) number
- Click [Active Clients](#) and then the [Admission Reports](#) appears
- Click the link for [Substance Usage at Admission](#).

The screenshot shows the 'New Treatment Episode' form in the ADMIS. The left sidebar has a link for 'Substance Usage at Admission'. A red arrow points from this link to the corresponding field in the form. The form includes fields for Client ID, Client Name, Date of Birth, Client Sex, Client Race, Client Ethnicity, Admission Type, and various treatment-related fields.

1. Click [Substance Usage at Admissions](#).
2. There will also be a link for [Drug Types/Substance Abuse Usage of Admission](#) on the [Discharge](#) page and [Environment](#) page.

Submit

Section 1.05 *Entering an Environment Change Report*

An Environment Change Report (ECR) is to be completed on those active clients within a program who, during the course of treatment, move from one type of treatment environment to another. There are four (4) service environments defined by OADAP: Detoxification Unit, Residential Unit, Day Treatment Unit, and Outpatient Unit.

An active client may need to be moved on more than one occasion in order to provide the most effective treatment. This is acceptable; however, an ECR must be completed for each change. This report is to be used for active clients only. The ECR is to be used to verify billing activities for the various active clients and to assess contracted capacity levels for each funded program.

1. Suppose a client has finished one type of treatment and is entering another type of treatment this is where the Environment Change Report becomes handy.

- To enter an Environmental Change Report
- Click [Client Maintenance](#) from the Main Menu
- Click [Add New Treatment](#).

After you have clicked [Add New Treatment](#)

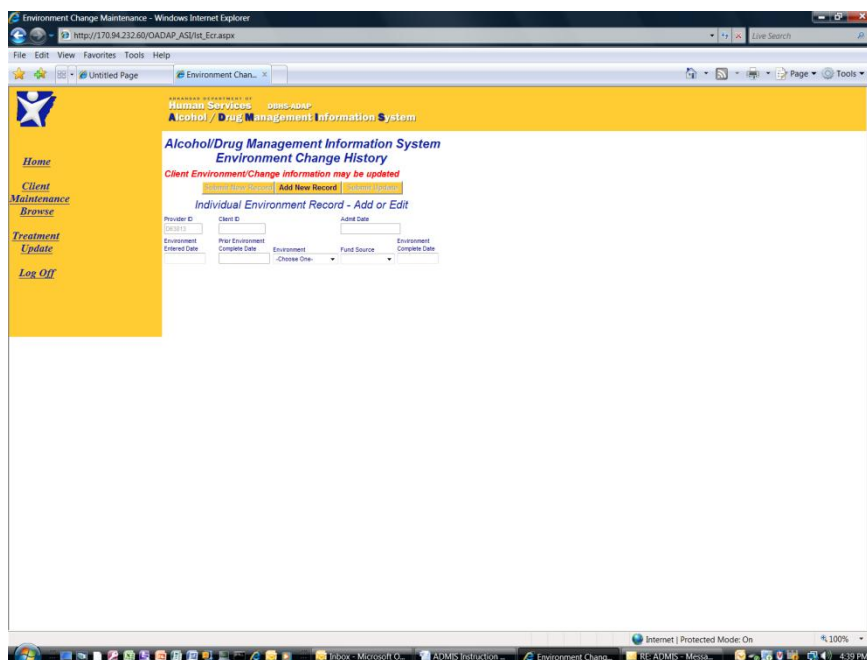
- Look to your left of the screen and click on the link [Environment](#)



If you are already working on the [Admission Report](#) you can just click [Environment](#) on the left of the screen.

1. Click [Environment](#)

2. After you have clicked the link [Environment](#), this page should be showing.



3. Click Add New Record.

Add New Record

4. After the Environment page is showing, the Provider ID should automatically appear in the Provider ID box and the [Client ID](#).

[Client ID](#)

5. Enter the Client's [Admit Date](#). The admit date should be in this format: (mm/dd/yyyy).

[Admit Date](#)

6. Enter the [Environment Date](#) that the client has entered in this environment. The date should be in this format: (mm/dd/yyyy)

[Environment Date](#)

7. Enter only if the client has had a [Prior Environment Date](#). The date should be in this format: (mm/dd/yyyy)

Prior Environment Date

8. Choose the **Environment** that the client is entering for treatment.

Environment

9. Choose the **Fund Source** that was given by OADAP according to the grant a contract award.

Fund Source

10. Enter **Environment Complete Date** only if client has finished in the treatment in Detoxification Unit, Residential Unit, Day Treatment Unit, and Outpatient Unit. The date should be in this format: (mm/dd/yyyy)


Environment Complete Date

11. After completion of an Environmental Change, click **Submit New Record**.

Submit New Record

12. If the client is leaving one area of treatment to another area of treatment, click **Submit Update**. For example, the client was in Detoxification then the client was environmentally changed to residential, you would do an Environmental Change Report for the client.

Submit Update

 **Caution:** Please make sure everything is correct before clicking any of the buttons and please make sure that the counselor wants the client in that type of treatment. Once it is clicked or submitted **you will not be able to delete** the Environmental Change Report. However, you may change the Environment, Fund Source, and Environment Complete Date of this record or click any of the active buttons to perform another action. Be sure to click the '**Submit Updates**' button to save your changes.

Section 1.06 *Entering A Discharge Report (DR)*

The Discharge Report (DR) is to be completed for every client discharged from treatment at the facility, regardless of the reason. The Discharge Report provides data on discharge status, a client's characteristics, alcohol/drug use, and time in treatment. Thereupon, the program staff no longer has clinical or administrative responsibility for the client's alcohol/drug treatment.

The Discharge Report collects information on the client's socio-demographic characteristics, discharge status, alcohol/drug use at discharge, and time in treatment. For every client on whom an ADMIS Admission Report has been submitted, a Discharge Report must be completed.

If a client has not had a face-to-face contact for 90 days, the program should discharge the client from ADMIS. The discharge date would be 90 days after the last face-to-face contact.

For Example: A client has finished his residential treatment and he/she needs to be discharged. Go to the [Main System Menu](#) then click on the link [Client Maintenance](#). Or you could click from the [New Treatment Episode](#) page (Admission Report), or from the [Environment](#) page.

Alcohol/Drug Management Information System
New Treatment Episode

Enter Client ID **Client Search**

Client ID Date of Birth (mm/dd/yyyy)

Client First Name Client Last Name

Client Middle Name Client Sex Client Race Client Ethnicity

Submit

New Client Treatment Episode may be added
Enter Client ID then click the Client Search button above

Admit Date (mm/dd/yyyy) Admission Type

Environment Admitted to Modality Admitted to

Funding Source for Initial Environment? Pregnant

Specialized Womens Services Medicaid

With Children Current Status

Days Awaited Treatment Occupation

Source of Referral Employment Status at Admit

Marital Status Currently in Educational or Skill Development Program

Highest Grade Completed at Admit Number Prior Admissions to Any Treatment Program

Number Convictions 12 months prior to this admit

Number Arrests in last 30 Days

Months Since Last Discharge

County Code at Admit

Dually Diagnosed Health Insurance Type

Receives SSI/SSDI Recieves TANF/TEA/Welfare to Work

Opport Treatment DSM Code

1. Click [Discharge](#)

2. After you click the link this will appear.

The screenshot shows a web browser window displaying the 'Alcohol/Drug Management Information System Client Discharge' form. The form is titled 'Client Discharge' and includes a 'Submit' button. Below the title, there is a section for 'Client Discharge Information May be updated' with various dropdown menus and checkboxes for discharge details. The form is displayed in a web browser window with the address bar showing 'http://170.94.232.60/GADAP_ASI/up_Discharge.aspx'.

3. Choose the date by the calendar or enter the **Date Last of Contract** with the client. The date should be in this format: (mm/dd/yyyy).

Date Last of Contract

-Choose One-



4. Choose the date by the calendar or enter the **Discharge Date** that the client completed treatment. The date should be in this format: (mm/dd/yyyy).

Discharge Date

-Choose One-



5. Choose one of the **Reasons for Discharge**. All data pertains to the client at the time of his/her last face-to-face treatment contact.

Reason for Discharge

-Choose One-



6. Choose the modality code to indicate the geographic unit. **Please see Glossary for definition.*

Modality at Discharge

-Choose One-



7. Choose what type of medication the client needed or choose that the client did not need
Medication at Discharge.

Medication at Discharge

8. Choose the **Employment Status at Discharge.**

Employment Status at Discharge

9. Choose the **Highest Grade Completed at Discharge.**

Highest Grade Completed at Discharge

10. Choose whether the client is in an **In Educational or Skill Development Program at Discharge.**

In Educational or Skill Development Program at Discharge

11. Enter the number of times the client states he/she was arrested and booked during his/her current treatment episode. **This is a numerical (integer) not an alphabetic character.**

Number Arrests during Treatment

12. Choose **Living Arrangements at Discharge.**

Living Arrangements at Discharge: Homeless, DepLiving, IndepLiving, Unknown

Living Arrangements at Discharge

13. Choose Yes or No if the client has received social support in last 30 days of discharge.

Social Support Program in last 30 days

- **The Social Support categories are:**
Faith Based Groups
AA, NA, CA and other support groups


14. Choose **Detailed Not in Labor Force at Discharge.**

**See Glossary for definitions*

Detailed Not in Labor Force at Discharge

15. Choose the **County at Discharge**.

County at Discharge 

 This is the client's primary residency county code (if the client has a permanent residency). This can be different than it was on the Admission Report if the client has moved their place of residency. *County codes are provided in the Appendices.*

16. You have an option to remove the discharge just in case that the discharge is entered wrong or the client needed more treatment than anticipated. Remove discharge date. **Click the radio button to remove the discharge after you have changed the discharge date.**

Click radio button to remove discharge 

Section 1.07 *Entering Substance Usage at Discharge*

Complete the alcohol/drug information. In order to complete the alcohol/drug information, it is important to know that ADMIS distinguishes between chemical substances that are problems and those that were merely used during the 30 days prior to discharge. Again, as with the Admission Report, proper coordination must take place between the clinical/counseling staff and the person(s) completing the report to insure the most appropriate data is reported.

1. After you complete the discharge report, the [Drug Types of Discharge](#) page appears. The same guidelines would be used as the [Substance Usage at Admission](#) (see [Substance Usage at Admission](#)) except for these following:

Substance Usage at Discharge - Windows Internet Explorer

http://170.94.232.60/OADAP_AS/up_SubstanceDischarge.aspx

File Edit View Favorites Tools Help

Log Off Substance Usage a...

Home

Client Maintenance Browse

Add New Treatment

Treatment Update

Environment Discharge

Substance Use at Admission

Log Off

Alcohol/Drug Management Information System

Drug Types at Discharge

Provider ID: D99999 Date of Admission: Jan 3 2009 Client ID: 0555332222

Name: Sue Parker Date of Birth: 03/07/1961

Update Frequency and Severity Data to reflect conditions at discharge.

Submit

	Drug Type(s)	Problem Severity	Frequency of Use	Usual Route	Age at first use
Primary	Alcohol	Frequent/Asesl	Once/week	Oral	12
Secondary	--Choose One--	--Choose One--	--Choose One--	--Choose One--	0
Tertiary	--Choose One--	--Choose One--	--Choose One--	--Choose One--	0
IV / IM	--Choose One--	--Choose One--	--Choose One--	--Choose One--	0

Internet | Protected Mode: On 100%

Done

Inbox - Microsoft Substance Usage a... Document4 - Mic... ADMIS Instruction ... 10:39 AM

2. [Drug Type \(s\)](#)

This column is faded but you can still see what the admission drug usage was at admission and it cannot be changed.

3. [Problem Severity](#)

Choose the severity for each drug type(s) identified in the Substance Information at the time of discharge. **See Glossary for definition.*

4. Frequency of Use

Choose the frequency of use if there has been any use, and if there have been uses of alcohol/drug, choose for each drug type during the 30 days prior to discharge.

5. Usual Route

This will be faded out but you can still see what the **Usual Route** was at Admission and it cannot be changed.

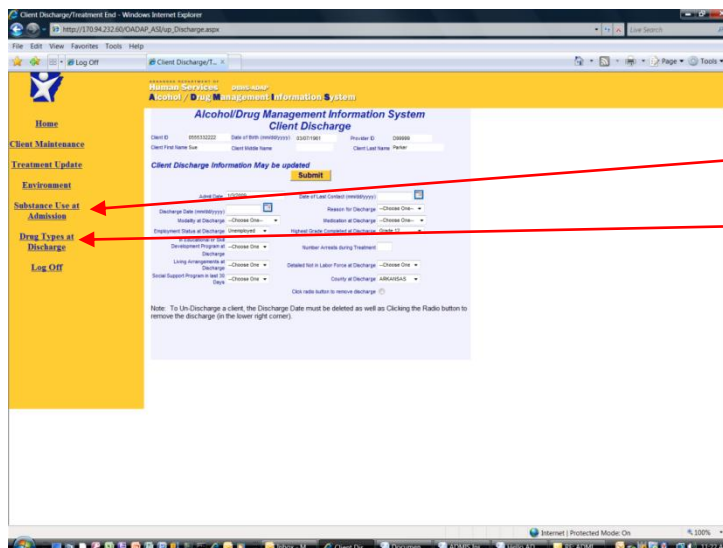
6. Age at first use

This will be faded out but you can still see what the **Age of first use** was at Admission and it cannot be changed.

! If you want to just see the **Drug Types** at discharge for an individual client:

- Click the **Client Maintenance** link on the Browse Active Clients page.
- Enter the **Client ID** number
- Click **Active Clients**
- The **Admissions Report** appears
- Click **Drug Types at Discharge** link

The **Drug Types at Discharge** will appear and will show the client's record of **Drug Types** at Admission or **Drug Types at Discharge**. As shown below:

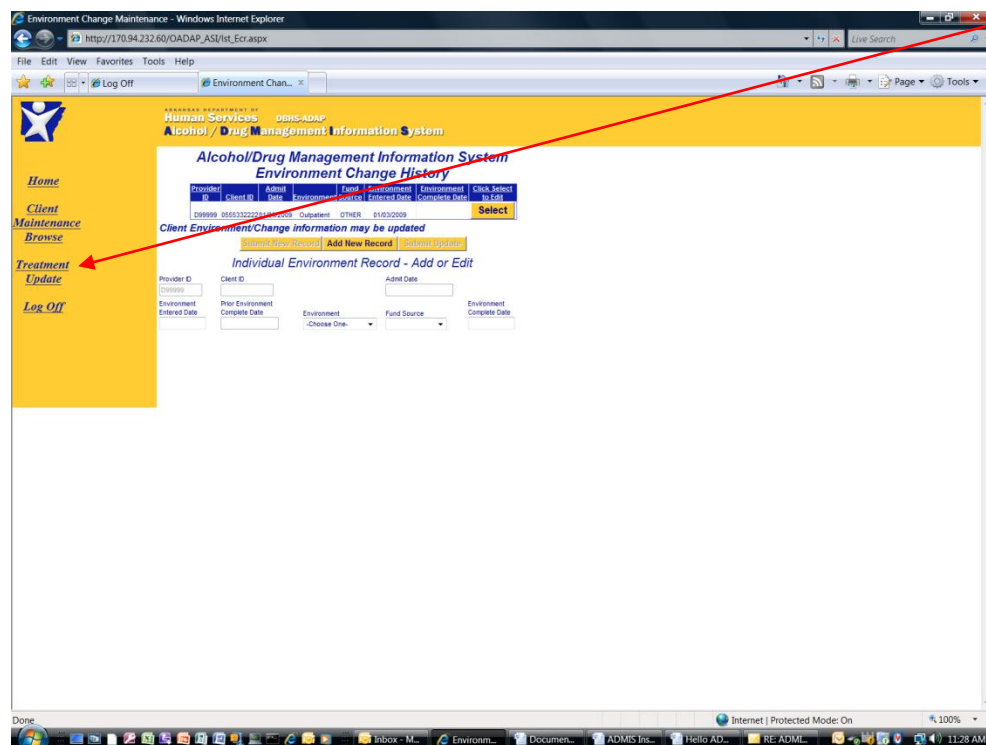


1. Substance Use at Admission
2. Drug Types at Discharge

Section 1.08 *Entering an Admission Update*

The Admission Report can be updated by clicking the [Environment Change](#) link then by clicking on the [Treatment Update](#) link. You would use this whenever you need to correct admissions data associated with the [Treatment Episode](#) before the billing downloads on the 8th of each month. The system always downloads on the 8th of each month by 4:30 P.M. After the 8th of each month you will not be able to change the Admission Update.

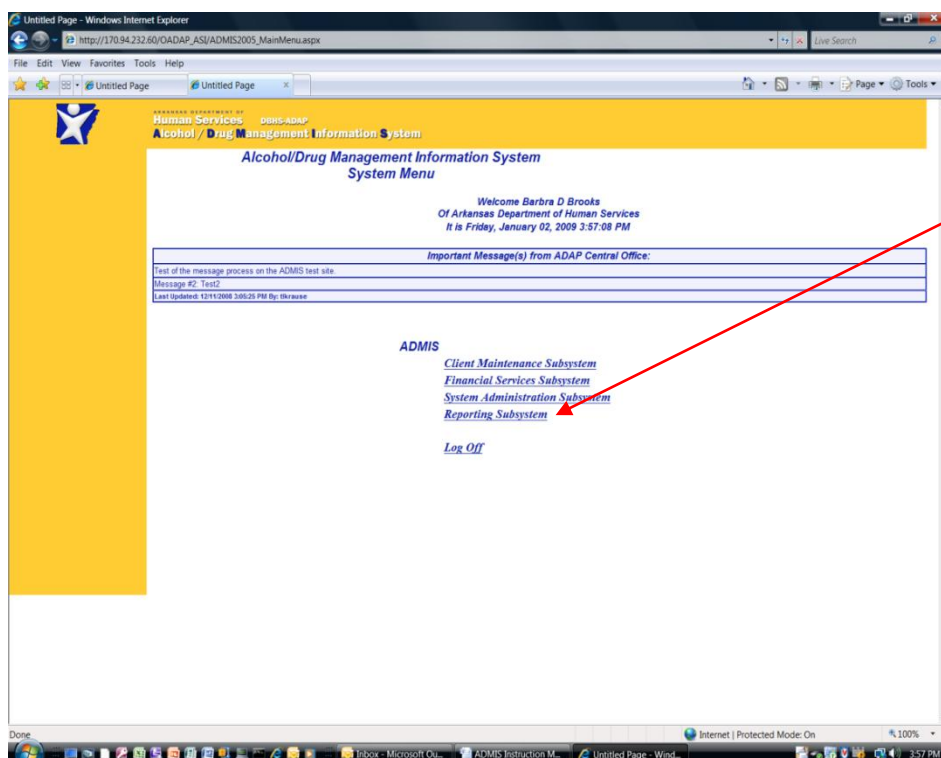
1. Click [Treatment Update](#)



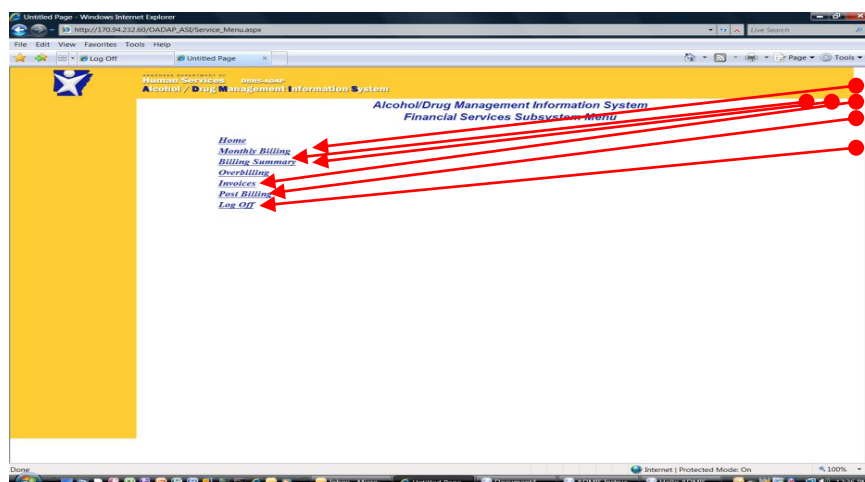
After you click the [Treatment Update](#) link this is where you can update a treatment episode or Admission Report. The same guidelines would follow as entering an Admission Report. *See [Admission Report](#)

Section 1.09 Financial Services Subsystem

The **Financial Services Subsystem** is located on the **Main System Menu**. It provides different areas that support the monthly billing processes for each month. After clicking on the link **Financial Services Subsystem** these different links can be viewed on the **Services Subsystem Menu**: **Monthly Billing**, **Billing Summary**, **Over Billing**, **Billing Adjustments**, **Invoices**, and **Post Billing** and are easily accessible by a click of a mouse.



1. Click **Financial Services Subsystem**



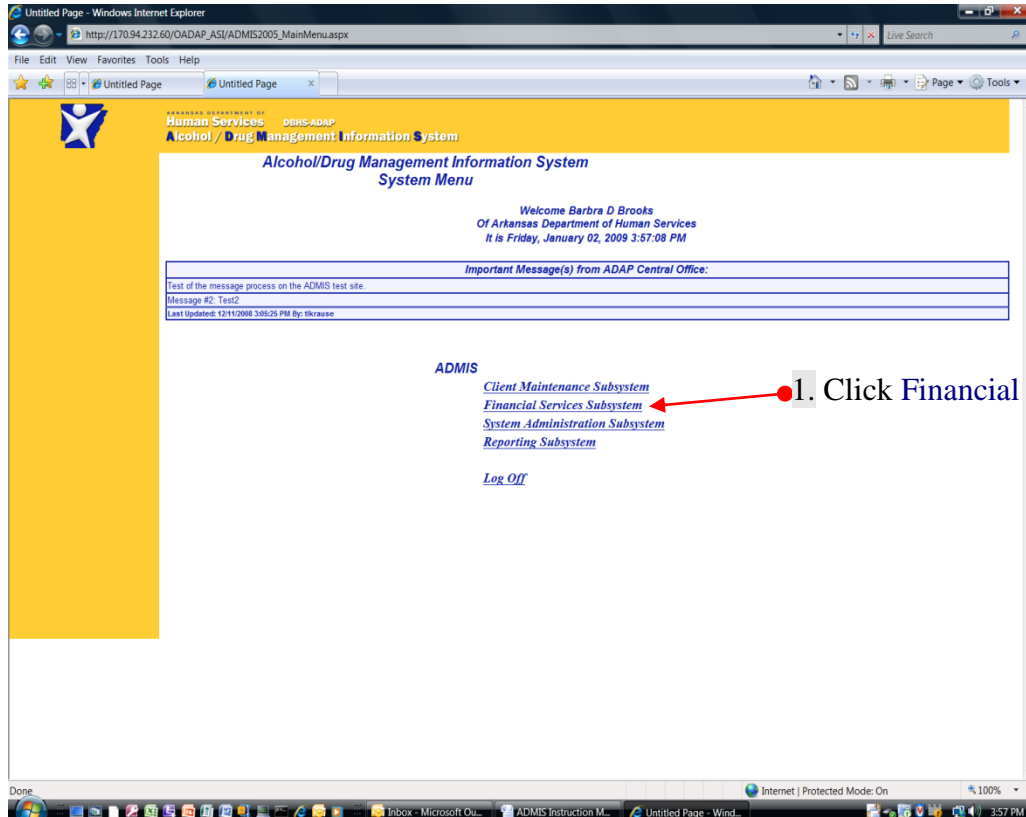
2. Click on any of these links on the **Services Subsystem Menu**

Section 1.10 Monthly Billing

The **Monthly Billing** is always created taking a month behind the normal month cycle of the year. All **Admission Reports**, **Environment Change Reports**, and **Discharge Reports** need to be entered before the Office of Systems and Technology will download the billing on the 8th of each month at 4:30 P.M. the facility/program has five (5) working days to calculate outpatient units, verify residential days, and approve the billing pages. After the facility/program has approved all billing pages, the provider notifies the ADMIS Administrator that the billing has been approved by telephone call or e-mail that the billing has been approved and it is ready for him/her to post.

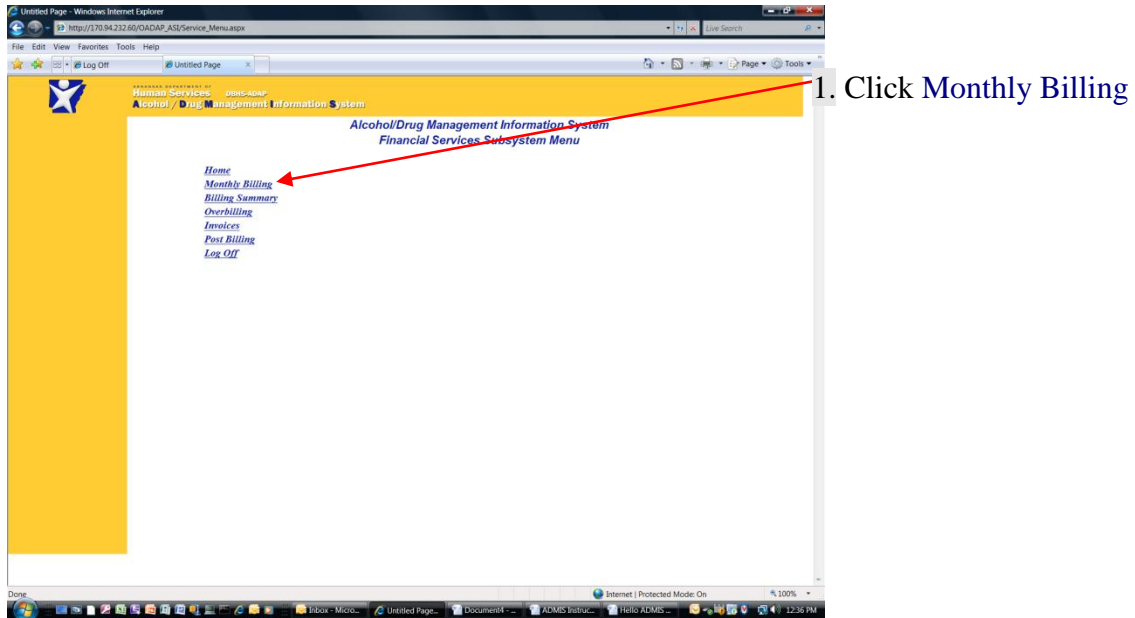
The OADAP ADMIS Administrator will post the ADAP billing and the provider by telephone or by E-mail that the billing has been posted. The provider will print out their invoices with the authorized and fax it to OADAP. The OADAP ADMIS Administrator will print the bill, and an authorized OADAP staff member for signature at the beginning of the year each provider must submit a statement to OADAP authorizing for OADAP to sign and process ADMIS generated billing. The signed original will be sent to the DHHS Finance for process of payment.

1. In order for you to get to the **Monthly Billing** page, click the **Financial Services Subsystem** link on the **Main System Menu**.

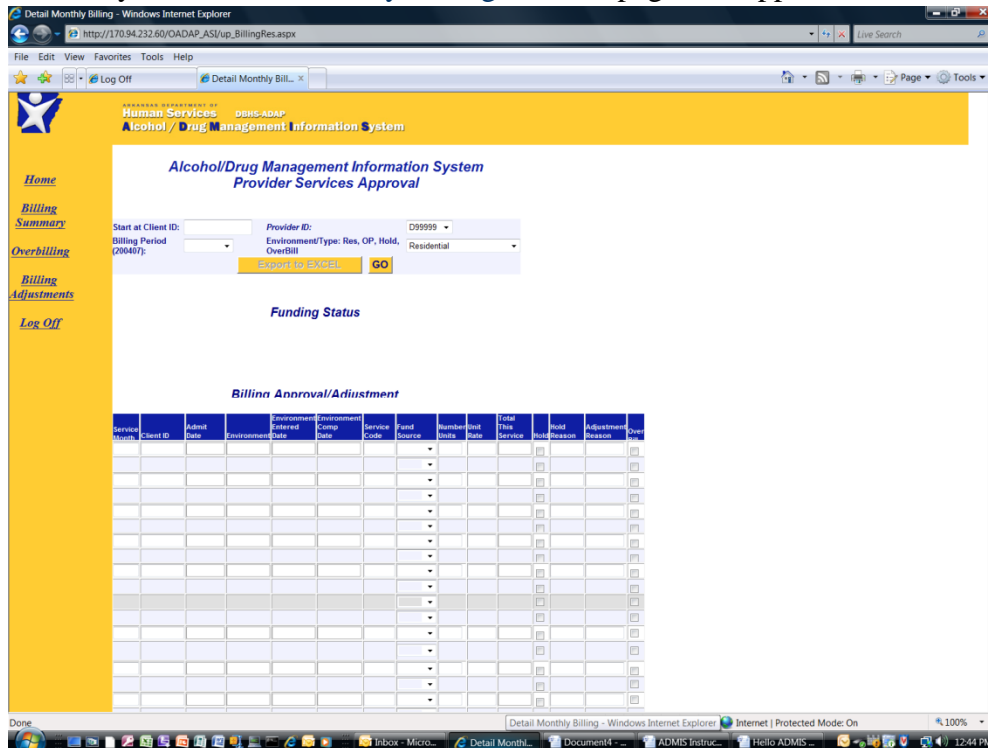


1. Click Financial Services Subsystem

2. Click the **Monthly Billing** link.



3. After you click the [Monthly Billing](#) link this page will appear.



4. You can either enter [Start at Client ID](#). On the other hand, if you do not want to enter the Client ID, you can choose your [Provider ID](#), although this usually appears.


Provider ID

5. Choose the [Billing Period](#) that you want to approve or view. In this format: YYYYMM

Billing Period (200407):

6. Choose the [Environment/Type](#): Res, OP, Hold, Over Bill.

Environment/Type: Res, OP, Hold, Over Bill

 On this field if you need to know what is pending or what was approved, on hold or overbilled use the drop down for the for the environment.

7. Click [GO](#).

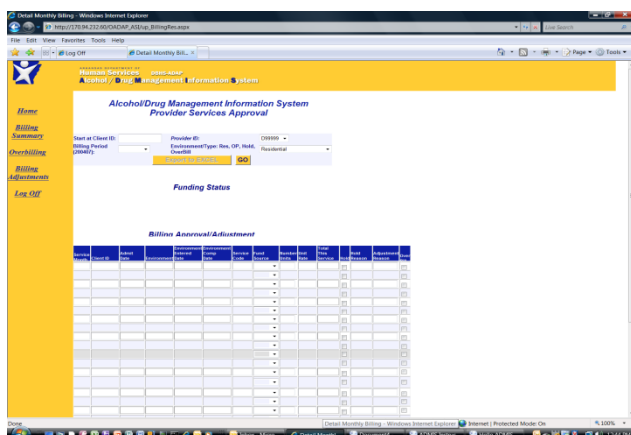
[GO](#)

8. You do have an option to export the page with the information to Excel after you click [GO](#). Just click the button and it will [Export it to Excel](#).

[Export to Excel](#)

Section 1.11 Billing Approval/Adjustment

The Billing Approval function is where the **Service Month**, **Client ID**, **Admit Date**, **Environment**, the **Environment Enter Date**, **Service Code** (Residential, Outpatient, etc.), the **Fund Source**, the **Number of Units**, the **Unit Rate**, **Total This Service**, **Hold**, **Hold Reason**, **Adjustment Reason**, and **Over bill** are located. Also shows the **Funding Status** on the contracts/grants that you receive.



1. In certain columns you cannot change anything to adjust your billing on this page. These are the **Service Month**, **Client ID**, **Admit Date**, **Environment Entered Date**, **Environment Completion Date**, and the **Service Code**.

The Environmental Change Report cannot be changed after it is submitted. **The only way that you will be able to change these items is before the billing downloads on the 8th on each month before 4:30 P.M.**

Service Month	Client ID	Admit Date	Environment	Environment Entered Date	Environment Comp Date	Service Code
---------------	-----------	------------	-------------	--------------------------	-----------------------	--------------

2. The **Fund Source**, the **Number of Units**, and the **Unit** can be changed after the billing has run. The Fund Source shows the contracts/grants that are available for your facility, and can be adjusted by choosing the funding.

The number of units is automatically calculated by the system, however, it can be adjusted for billing purposes, and it is calculated by what was entered by the dates in the **Admission Report** or **Environment Change Report**, or **Discharge Report**.

Fund Source	Number Units	Unit
-------------	--------------	------

3. The **Unit Rate** is given by OADAP per group, outpatient, residential, and intake. For example, outpatient individual is \$14.30 per unit. It is figured in by quarters * \$14.30 or every 15 minutes. This would be in the **Total This Service** column.

The billing for client's can be put on **Hold** if the billing is over billed or not enough funds for this service. Additionally, in the column enter the reason why it is put on hold in the **Hold Reason** column.

The **Adjustment** column and **Adjustment Reason** will automatically be added in this column for when a billing adjustment has been made. The **Over Bill** column can be checked if there are not enough funds.

For example, suppose that you do not have enough funding to pay for all clients seen for a particular month, you can click the box for **Over Bill**. Along these lines, the **Hold** and **Over Bill** can be used later and used in your billing.

Unit Rate	Total This Service	Hold	Hold Reason	Adjustment Reason	Over Bill
-----------	--------------------	------	-------------	-------------------	-----------

4. If you cannot see the entire client's billing for the billing month entered in one page, there is a **Next Page** button and **First Page** at the bottom of the page. It is easy to look at all the pages by clicking on the buttons that are provided.

Next Page

First Page

5. At the bottom of the page is a **Submit Update** button that needs to be clicked after all adjustments have been made or the system will not recognize that adjustments have been made.

Submit Update

6. After you have made all your adjustments and clicked the **Submit Update Button**, and are satisfied with the billing, it is time for approval of your billing. The **Approval All Pending** button is located on the first page on the bottom of the page.

Approval All Pending

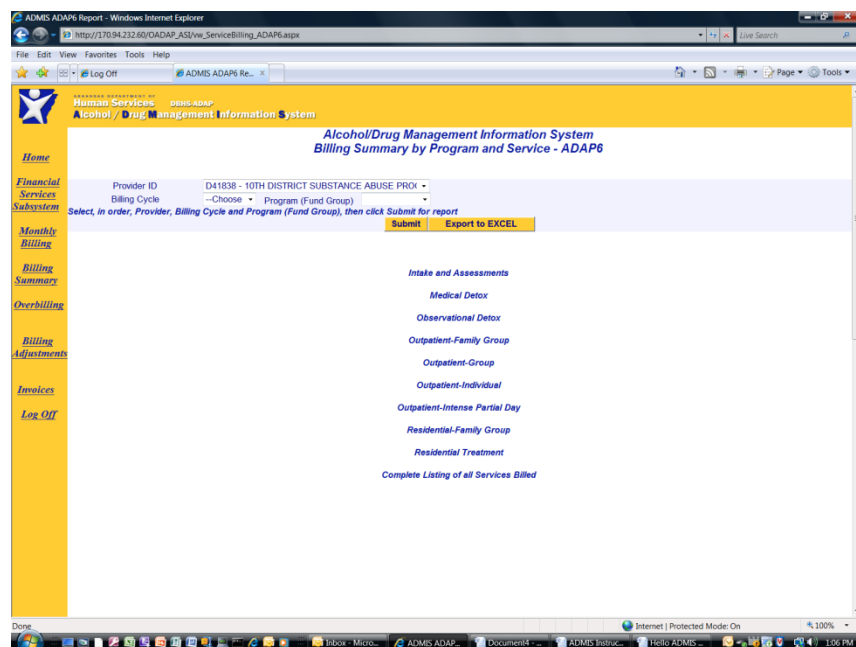
7. Notify the System Administrator that you have approved your billing, so that the System Administrator can post your billing. ****Warning – After the billing is posted you will not be able to change your billing. The billing can be changed before the System Administrator posts the billing even if it has been approved. If the System Administrator sees pending amounts the Administrator will not be posted the billing and you will be notified to repair your billing.**

Section 1.12 Billing Summary by Program and Service

The **Billing Summary** page is a quick view of all you're billing by the **Billing Cycle** and the **Program (fund group)** that have been entered for the billing month. This page also gives the total of all services that have been billed for the current billing month. It can be retrieved from the **Services Subsystem Menu** by clicking on the link **Billing Summary** or by the **Monthly Billing, Over Billing, Billing Adjustments, and Invoices** pages and the options are visible on the left side of the page of all billing pages.

1. The **Provider ID** will automatically be put on the screen.

Provider ID



2. The **Billing Cycle** that you would like to view can be seen by choosing the cycle.

Billing Cycle

3. Choose the **Program (Fund Group)**. The **Program (Fund Group)** are the funds that OADAP has given to the Provider to utilize.

Program (Fund Group)

4. After you have chose what **Billing Cycle** and **Program (Fund Group)** click **Submit**.

Submit

5. If you want to export the [Billing Summary](#) to Excel, you can click [Export to Excel](#) before clicking [Submit](#) or after clicking [Submit](#).

A rectangular button with a light gray background and a thin black border. The text "Export to Excel" is centered on the button in a blue, sans-serif font.

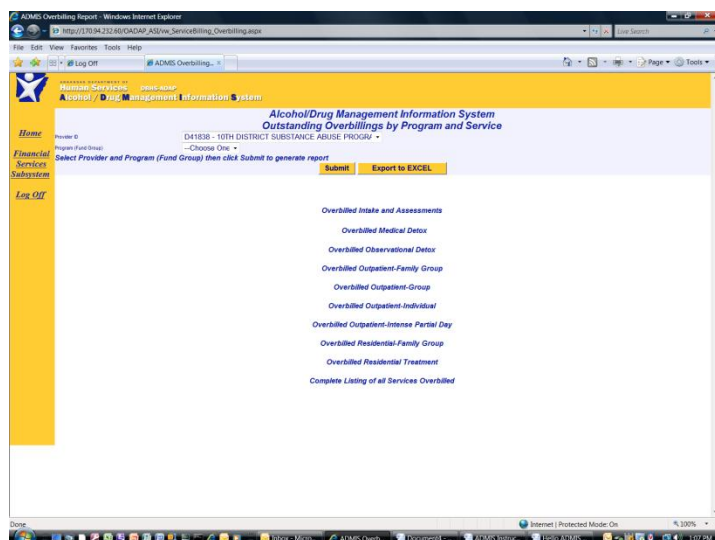
Section 1.13 Overbilling

The **Over Billing** screen is a complete report of the overall over billing for each funding source and each service code that are provided in the report. The report shows after choosing the **Program (Fund Group)** and clicking submit. The Client ID, Begin Date, End Date, Billing Cycle, the Service Description, Units, Rate, and the Amount are shown on the screen.

The **Over Billing** page is located on the **Services Subsystem Menu** and located on the left of the screen on all the billing pages. The picture below is the screen that will be revealed after clicking the link to **Over Billing**.

1. The **Provider ID** will automatically be put on the screen.

Provider ID



2. Choose the **Program (Fund Group)**. The **Program (Fund Group)** are the funds that OADAP has given to the Provider to utilize.

Program (Fund Group)

3. Click the **Submit** button.

Submit

4. The Report can be exported to Excel after the Submit button is clicked or before the Submit button is clicked.

Export to Excel

Section 1.14 Provider Services Payment Adjustment

The [Provider Services Payment Adjustments](#) page is where a provider can make adjustments with there billing. For example, OADAP overpaid a provider for a certain client by accident. A check was sent with more money than the provider should have gotten. The Provider can go to this page and adjust the amount to pay back a payment to OADAP. If you would like to see the list of clients that you have billed and cannot remember. Go to the Billing Summary page and select the funding and billing month that you would to make an adjustment this will give a list of clients that was billed.

1. Check the box to create a new [Intake Record \(DETOX ONLY\)](#) otherwise the box should not be checked.

[Intake Record \(DETOX ONLY\)](#) ☐

2. The [Provider ID](#) automatically appears.

[Provider ID](#)

3. Choose the [Service Yr/Mo](#) The year and month will appear on the drop down menu. The format: YYYYMM

[Service Yr/Mo](#)

4. Choose the **Client ID** that you would like to adjust. The clients that is currently active for the year and month will appear on the drop down menu.

Client ID

5. Choose the **Admit Date**. This will already have the client's **Admit Date** when you drop down the menu that you have chosen to adjust.

Admit Date

6. If the client has entered another **Environment** since the beginning of treatment choose, the **Environment Entered Date**. This will already have the client's **Environment Entered Date** when you drop down the menu.

Environment Entered Date

7. Choose the **Service Code**.

Service Code

8. Choose the **Fund Source**. When you click the drop down menu, the **Fund Source** will appear for what OADAP has given to your facility.

Fund Source

9. Enter the **Original Paid Units**.

Original Paid Units

10. Enter **New Total Units**.

New Total Units

11. Enter **Original Payment Amount**.

Original Payment Amount

12. Enter **New Payment Amount**.

New Payment Amount

13. Enter **Adjustment Reason**. This will be also be shown on the **Monthly Billing** page in the **Adjustment Reason** column.

Adjustment Reason

14. Click the **Submit Updates** button.

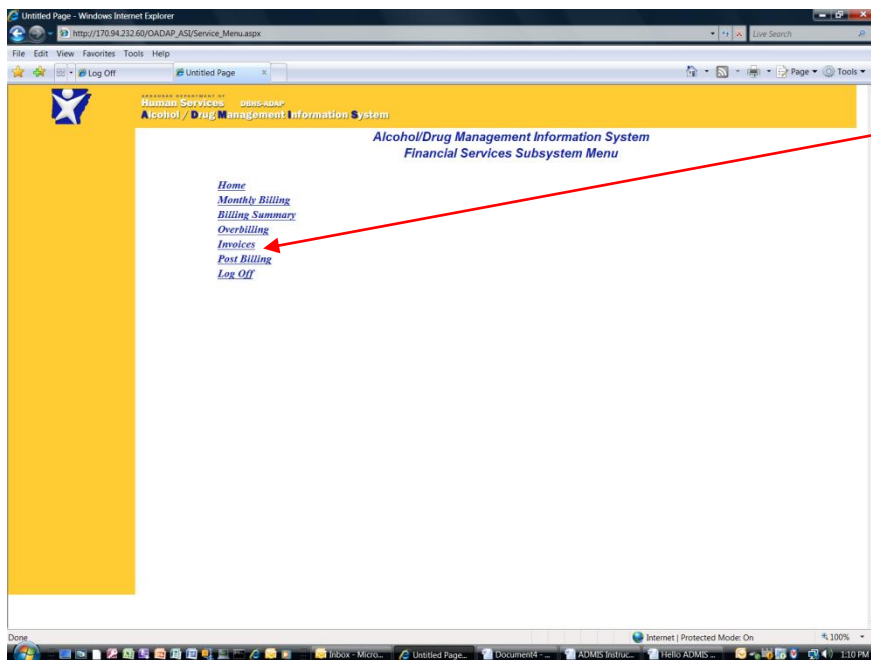
Submit Updates

Section 1.15 Invoices

The **Invoices** are what you turn in to OADAP. After the facility/program has approved all billing pages, the provider notifies the OADAP ADMIS Administrator that the billing has been approved by telephone call or e-mail that the billing has been approved and it is ready for him/her to post. The OADAP ADMIS Administrator will check and for billing errors. If the billing is not posted before printing the **Invoices** out the amount can be wrong or have zero's for the amount on the page.

The ADMIS Administrator will post the billing and notify the provider by telephone or by e-mail that the billing has been posted. The provider will print out their **Invoices** with the authorized signature and fax it to OADAP. . The OADAP ADMIS Administrator will print the bill, and an authorized OADAP staff member for signature at the beginning of the year each provider must submit a statement to OADAP authorizing for OADAP to sign and process ADMIS generated billing. The signed original will be sent to the DHHS Finance for process of payment.

The **Invoices** links are located on the **Financial Services Subsystem**. After clicking the Invoice link all of the billing choices are located to the left of the page.



1. Click Invoices

! When the provider e-mails or telephones the ADMIS Administrator and there is not a response in one day to post the billing, call the main number 501-686-9866 explain to the receptionist that your facility's billing needs to be posted.

! The Office of Alcohol and Drug Abuse fax number: 501-686-9035.

Revised 1/5/09

1. After clicking the [Invoices](#) link this will be shown.

The screenshot shows a web browser window displaying the 'ADAP Grant Reimbursement Request - ADAP5' form. The form is titled 'Alcohol/Drug Management Information System' and includes a sidebar with navigation links like Home, Financial Services Subsystem, Monthly Billing, Billing Summary, Overbilling, Billing Adjustments, Post Billing, and Log Off. The main form area contains fields for Provider ID, Billing Cycle, Program (Fund Group), Direct Deposit, and various billing details. The 'Submit' and 'Print ADAPS' buttons are visible.

2. Choose the [Provider ID](#). The Provider ID and Provider name should automatically appear in the Provider ID box.

[Provider ID](#)

3. Choose the [Billing Cycle](#). When you click the drop down menu, different [Billing Cycle](#) (s) will appear.

[Billing Cycle](#)

4. Choose [Program \(Fund Group\)](#). When you click the drop down menu, different [Program \(Fund Group\)](#) (s) will appear. You will have to choose for each [Program \(Fund Group\)](#) that you want for your [Invoices](#).

[Program \(Fund Group\)](#)

5. Check the [Direct Deposit](#) box if you would like to have [Direct Deposit](#).

[Direct Deposit](#) ☐

6. Click the **Submit** button. After you click the **Submit** button your Invoice Form will appear with your totals for the **Program (Fund Group)** totals.

Submit Updates

7. Click **Print ADAP 5** button.

Print ADAP 5

8. After you click the **Print ADAP 5** button this screen appears.

Arkansas Department of Health and Human Services
Division of Behavioral Health Services
Alcohol and Drug Abuse Prevention

INVOICE FORM

Bill To:

BASIS ID

Provider EIN Name

P.O. Number

Program

Billing From To

Grant From To

Provider Contact Telephone Provider ID

Provider Adjustments to Payments

Net Provider Approved Billing

Adjustments (ADAP use only)

ADJUSTED TOTAL

Direct Deposit: ☐

State: Cost Center Internal Order Amount

Federal: Cost Center Internal Order Amount

In behalf of the applicant listed above, I certify that the items for which payment is claimed were furnished under the authority of the law and in accordance with the terms of our grant with the Alcohol and Drug Abuse Prevention and that the charges are reasonable, proper and no part of this claim has been paid.

Done

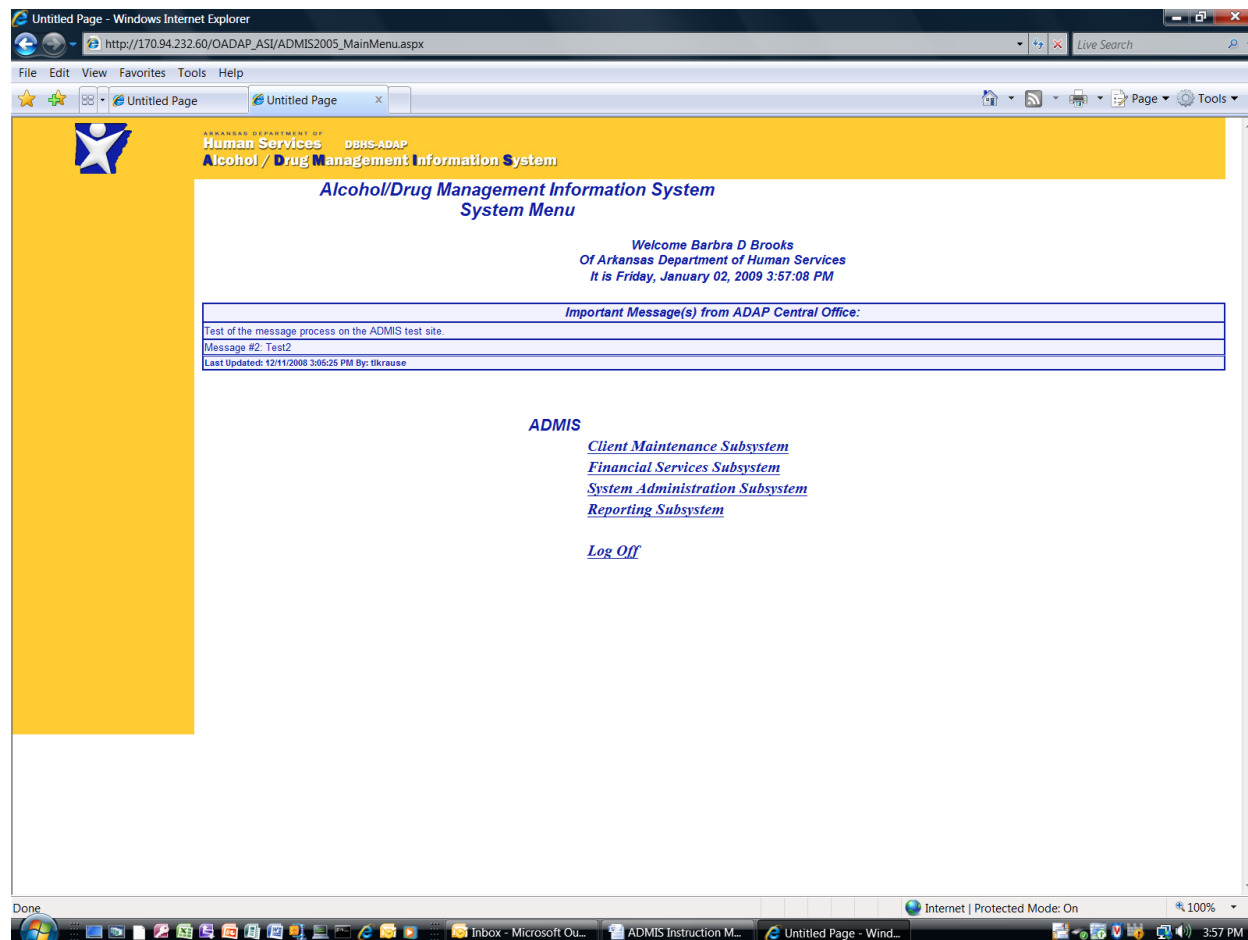
9. The top area of the **Invoice Form** will have all these area(s) filled in automatically.
10. The bottom area of the form will have your billing amount and when you make the adjustments by the **Billing Adjustments** page it will appear in the **Provider Adjustments to Payments** box or the billing amount can be entered by the **Provider Adjustments to Payments** box. OADAP can make their own adjustments as well. The **ADJUSTED TOTAL** will appear if the provider has made on the **Billing Adjustments** page. If you checked the **Direct Deposit** box it will be revealed on the Invoice Form. The DHHS Finance will fill out the rest of the State and Federal areas. However, the **Signature of Provider**, **Date**, and **Title** needs to be filled out by the authorized person in your facility and faxed to OADAP.
11. Click the print icon on your toolbar or click **File** and scroll down to **Print** and click OK.



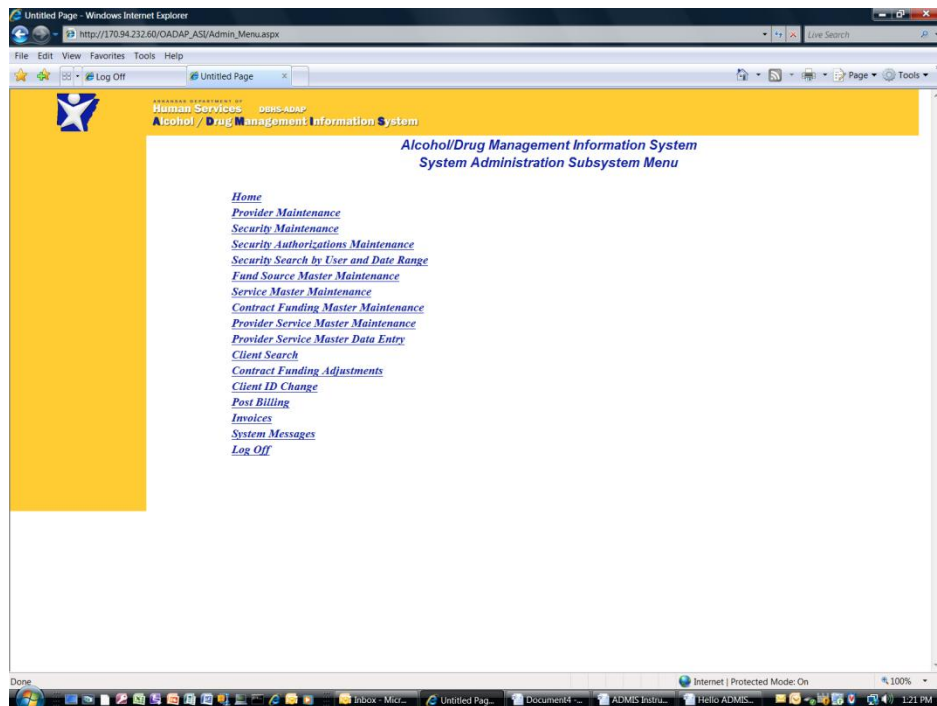
12. Presto! You're done and it is ready for you to fax in after the authorized signature is signed.
13. After the invoice is signed fax to OADAP at 501-686-9035.

Section 1.16 System Administration Subsystem

The [System Administration Subsystem](#) is for OADAP personnel and has certain functions that only the administrator can do. Other users can view this but they are not allowed to do anything except to print out invoices. The only way that the [System Administration Subsystem](#) is accessed is by the [Main System Menu](#).

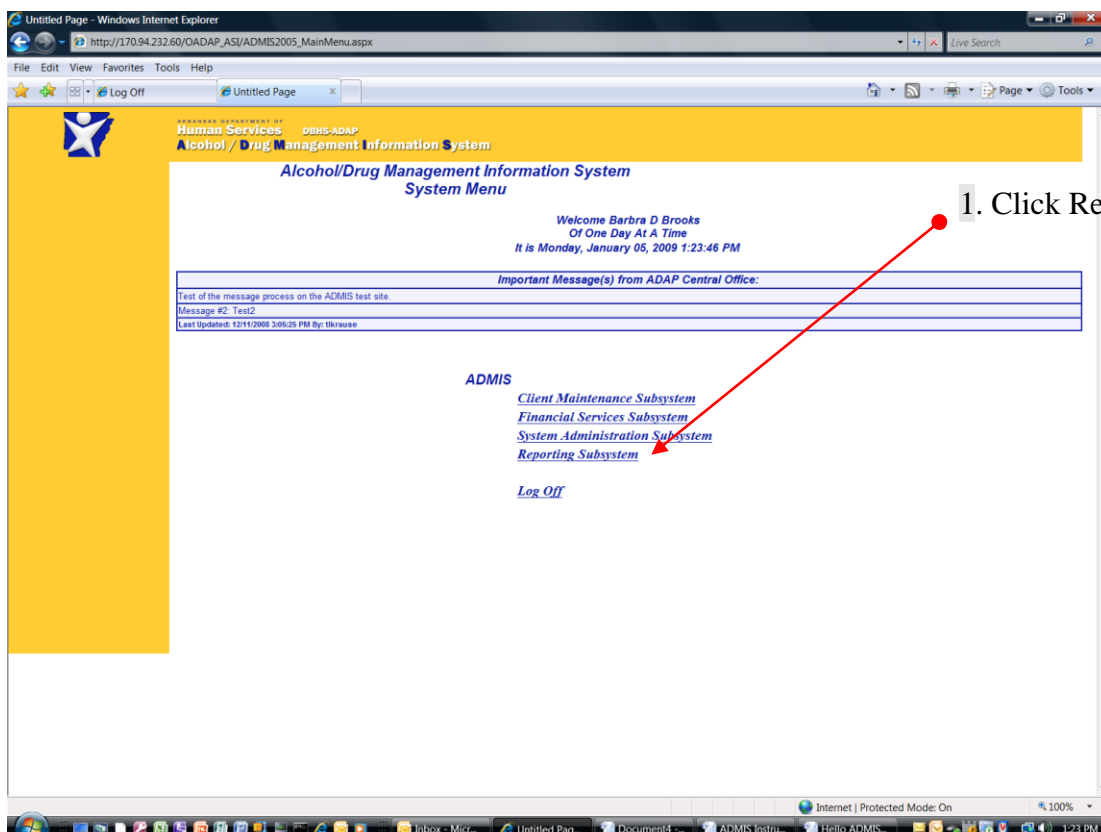


1. After you click on the **System Administration Subsystem** this is viewed.

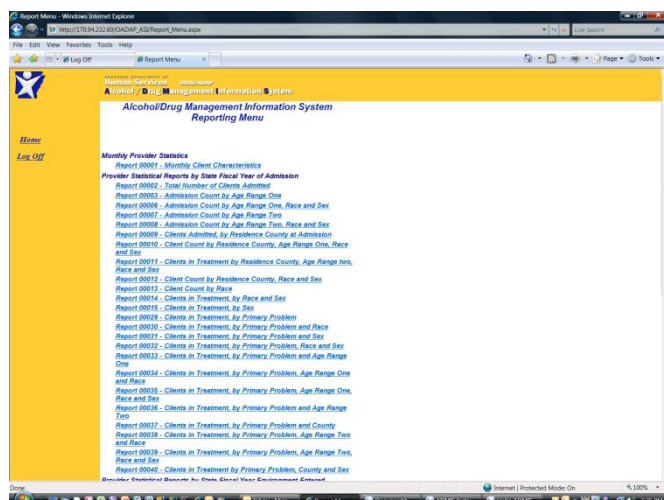


Section 1.17 Reports

The ADMIS system has different statistical reports that can be printed out or shown. The Reports can be found on the [Main System Menu](#). All you have to do is find the report on the [Reporting Subsystem](#) that you need and click the link. OADAP welcomes any type of ADMIS report request that are needed by the Provider. If you would like a certain report call your ADMIS administrator.



1. After you click the reporting link, the reporting menu will be shown. If you would like to view a report click on one of the report links:



2. Choose the **Provider ID** or it will automatically appear.

Provider ID

3. Enter the **Year/Month**. In this format: CCYYMM-200604
(CC means century)

Year/Month

4. Click **Submit**.

Submit

5. After you click the **Submit** button your report is exposed.

Appendices

TREATMENT PROGRAM REQUIREMENTS

All alcohol/other drug abuse treatment and rehabilitation programs in Arkansas are required to report client related data in accordance with the requirements of the current ADMIS. For acute care, hospital based alcohol and drug abuse treatment Programs, failure to report may result in notification to the Arkansas Department of Health, Division of Health Facility Services, of failure to comply with requirements of Act 25 of 1991. Licensure awarded automatically pursuant to Act 173 of 1995 shall not be affected by failure to report. For all other treatment programs, failure to report may result in the suspension or termination of an ADAP treatment grant or contract and/or loss of ADAP required Licensure.

➤ **Programs not required reporting on ADMIS**

Federally funded central intake units that provide no treatment.

Programs administered by the Department of Defense or the Veterans Administration

➤ **Clients Reported Under ADMIS**

Treatment programs are required to report on the ADMIS and must report on all alcohol and/or other drug abuse clients in the facility.

An exception to this reporting requirement is:

Family members, community and youth groups, etc.; who receive prevention counseling, DWI education or other services not defined as treatment services.

Sources of Information

Instructions for submission of completed reports, requests for training, questions concerning reporting procedures and policies, and requests for new facility identification numbers should be directed to OADAP Records Management Analyst II. Questions concerning OADAP funding or grant/contract specifications should be directed to OADAP Financial Management.

You are referred to the ADAP Rules of Practice and Procedure, the instructions noted in the Request for Proposal (RFP) package, your current grant, or contract, the ADAP Licensure Standards Manual for Alcohol and/or Other Drug Abuse/Addiction Treatment Programs. If you have any further questions concerning reporting procedures and policies, or if any exception to the reporting requirements is believed necessary, please write to:

Attn: ADMIS
Arkansas Department Human Services
Division of Behavioral Health Services
Office of Alcohol and Drug Abuse Prevention
305 South Palm Street
Little Rock, AR 72205

**ALCOHOL/DRUG
MANAGEMENT INFORMATION
SYSTEM (ADMIS)
PROVIDER IDENTIFIERS**

D10225	Ozark Counseling Services
D12031	Decision Point
D12054	NW AR Psychological Group
D12530	Youth Bridge, Inc.
D14714	Ozark Mountain Alcohol Residential Treatment, Inc. (OMART)
D20332	Health Resources of Arkansas Wilbur Mills Treatment Center – Area 3
D203321	Health Resources of Arkansas Wilbur Mills Treatment Center – Area 7
D20360	Capstone Treatment Center
D22111	North Central Arkansas Development Council
D41522	Southeast Arkansas Behavioral Health Care Services
D41838	New Beginnings – CASA (SEARK)-10 th District
D448311	Human Development & Research Services
D45200	United Family Services, Inc.
D51000	BCD - Hoover Center
D51023	Family Services Agency
D52545	Step-Up Support Center
D53000	United Methodist Children's Home
D54520	Family Counseling & Recovery Centers
D546311	Counseling Clinic
D546312	Serenity Park
D546313	Recovery Centers of Arkansas
D55300	CATAR Clinic
D546317	GYST House
D85313	Serenity Counseling Advocates
D56000	UAMS - SATC (Methadone Clinic)
D57500	Community Services, Inc

D60634	Counseling Associates
D63813	Arkansas River Valley Area Council
D64431	Quapaw House
D71732	South Arkansas Regional Health
D74000	Southwest Arkansas Counseling and Mental Health Center
D80533	Western Arkansas Counseling and Guidance Center - Horizon
D83231	Harbor House, Inc
D84112	Gateway House
D90005	Mid-South Health Systems (NE AR Community Mental Health)
D90010	Alternative Opportunities, Inc.
D90020	Union County Drug Court/South AR Substance
D90030	Ozark Guidance Center
D90040	UAMS Department of Psychiatry
D90099	Sharon Nelson Counseling
D41839	Second Change Recovery
D90012	Springdale Treatment Clinic-Methadone
D90010	Alternative Opportunities
D90014	Unique Counseling Clinic
D90015	Washington/Madison County Drug Court Treatment Center
D44530	DEPARTMENT OF COMMUNITY CORRECTIONS
D445303	Central Arkansas (Little Rock)
D44335P	Tucker TC
D445304	Texarkana Unit
D445306	DCC-Northeast Arkansas (Osceola)
D44335B	North Central Unit
D44335C	Delta Regional Unit
D44335D	East AR Regional Unit
D44335E	Jefferson County Unit
D44335F	Northwest AR Work Release
D44335G	Boot Camp Program

D44335H	Pine Bluff Unit
D44335I	Tucker's Men
D44335J	McPherson Unit
D44335K	Grimes Unit
D44335L	Tucker SATP
D44335M	Benton TPV
D44335N	McPherson TC
D44335O	Wrightsville TC
D44335P	Tucker TC
D44530	DEPARTMENT OF COMMUNITY CORRECTIONS
D445303	Central Arkansas (Little Rock)
D445304	Texarkana Unit
D445306	DCC-Northeast Arkansas (Osceola)
D513401	DCC – 9 th Division Drug Court

ARKANSAS COUNTIES CODES

<u>COUNTY NUMBER</u>	<u>COUNTY NAME</u>
011	ARKANSAS
021	ASHLEY
031	BAXTER
041	BENTON
051	BOONE
061	BRADLEY
071	CALHOUN
081	CARROLL
091	CHICOT
101	CLARK
111	CLAY
121	CLEBURNE
131	CLEVELAND
141	COLUMBIA
151	CONWAY
161	CRAIGHEAD
171	CRAWFORD
181	CRITTENDEN
191	CROSS
201	DALLAS
211	DESHA
221	DREW
231	FAULKNER
241	FRANKLIN
251	FULTON
261	GARLAND
271	GRANT
281	GREENE
291	HEMPSTEAD
301	HOT SPRING
311	HOWARD
321	INDEPENDENCE
341	JACKSON
351	JEFFERSON
361	JOHNSON
371	LAFAYETTE
381	LAWRENCE
391	LEE
401	LINCOLN
411	LITTLE RIVER

<u>COUNTY NUMBER</u>	<u>COUNTY NAME</u>
421	LOGAN
431	LONOKE
441	MADISON
451	MARION
461	MILLER
471	MISSISSIPPI
481	MONROE
491	MONTGOMERY
501	NEVADA
511	NEWTON
521	OUACHITA
531	PERRY
541	PHILLIPS
551	PIKE
561	POINSETT
571	POLK
581	POPE
591	PRAIRIE
601	PULASKI
611	RANDOLPH
621	SALINE
631	SCOTT
641	SEARCY
651	SEBASTIAN
661	SEVIER
671	SHARP
681	ST. FRANCIS
691	STONE
701	UNION
711	VAN BUREN
721	WASHINGTON
731	WHITE
741	WOODRUFF
751	YELL
991	OUT OF STATE

Drug Types

None

Heroin

Non-Rx Methadone - Methadone obtained and used without a legal prescription.

Other Opiates and Synthetics -This includes codeine, Dilaudid, morphine, Demerol, opium, and any other drug with morphine-like effects.

Alcohol

Barbiturates - This includes Phenobarbital, Seconal, Nembutal, etc.

Other Sedatives or Hypnotics - This includes methaqualone, chloral hydrate, Placidyl, Doriden, etc.

Amphetamines - This includes Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs.

Cocaine (excluding crack cocaine)

Marijuana/Hashish - This includes THC and any other cannabis sativa preparations

Hallucinogens - This includes LSD, DMT, STP, mescaline, psilocybin, peyote, etc. (PCP is not included in this code)

Inhalants - This includes ether, glue, chloroform, nitrous oxide, gasoline, and paint thinner, etc.

Over-the-Counter - This includes aspirin, cough syrup, Sominex, and any other legally obtained, nonprescription medication.

Tranquilizers - This includes Librium, Valium, Miltown, etc.

Other - This includes any other drug not falling into one of the specified categories.

PCP (Phencylidine)

Crack Cocaine -This includes Sodium processed cocaine, usually administered via smoking.

Other Stimulates - Includes all other stimulants

Benzodiazepine - Includes Diazepam, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, and Triazolam, clonazepam and Halazepam and other unspecified Benzodiazepines.

Methamphetamines

Unknown

Occupation

01 PROFESSIONAL, TECHNICAL, AND KINDERED WORKERS

Accountants

Architects

Computer Specialists

- Computer Programmers
- Computer Systems Analysts

Engineers

Aeronautical and astronautically engineers

- Chemical engineers

- Civil engineers

- Electrical and electronic engineers

- Industrial engineers

- Metallurgical and materials engineers

- Mining engineers

- Petroleum engineers

- Sales engineers

Farm management advisors

Foresters and conservationists

Home management advisors

Judges

Lawyers

Librarians, archivists, and curators

- Librarians

- Archivists and curators

Mathematical specialists

- Actuaries

- Mathematicians

- Statisticians

Life and physical scientists

- Agricultural scientists

Atmospheric and space scientists
 Biological scientists
 Chemists
 Geologists
 Marine scientists
 Physicists and astronomers

Operations and system researchers and analysts

Personnel and labor relations workers

Physicians, dentists, and related practitioners

Chiropractors
 Dentists
 Optometrists
 Pharmacists
 Physicians, medical and osteopathic
 Podiatrists

Health technologists and technicians

Clinical laboratory technologists and technicians
 Dental hygienists
 Health record technologists and technicians
 Radiological technologists and technicians

Therapy assistants

Veterinarians

Religious workers

Clergymen or clergywoman

Social Scientists

Economists
 Political scientists
 Sociologist
 Urban and regional planners

Social recreation workers

Social workers
 Recreation workers

Teachers, college, and university

Adult education teachers
 Elementary school teachers
 Pre kindergarten and kindergarten teachers
 Secondary school teachers

Teachers, except college
and university, n.e.c.

Engineering and science technicians

Agriculture and biological technicians,
except health
Chemical technicians
Drafters
Electrical and electronic engineering technicians
Industrial engineering technicians
Mechanical engineering technicians
Mathematical technicians
Surveyors

Technicians, except health, engineering, and science

Airplane pilots
Air traffic controllers
Embalmers
Fight engineers
Radio operators
Tool programmers, numerical control

Vocational and educational counselor

Writers, artists, and entertainers

Actors
Athletes and kindred workers
Authors
Dancers
Designers
Editors and reporters
Musicians and composers
Painters and sculptors

Nurses, dietitians, and therapists

Dietitians
Registered Nurse
Therapists

02 MANAGERS AND ADMINISTRATORS, EXCEPT FARM

Assessors, controllers, and treasurers; local public administration
Bank Officers and financial managers
Buyers and shippers, farm products
Buyers, wholesale and retail trade
Loan Officers
Funeral directors
Health administrators

Construction inspectors, public administration
Inspectors, except construction, public administration
Managers and superintendents, building
Office managers, n.e.c.
Officers, pilots and pursers; ship
Officials and administrators; public
administration, n.e.c.
Officials of lodges, societies, and unions
Postmasters and mail superintendents
Purchasing agents and buyers, n.e.c.
Railroad conductors
Restaurant, cafeteria, and bar managers
Sales managers, except retail trade
School administrators, college
School administrators, elementary and secondary

03 SALES WORKERS

Advertising agents and salespersons
Auctioneers
Demonstrators
Hucksters and peddlers
Insurance agents, brokers, and underwriters
Newspaper carriers
Real estate agents and brokers
Stock and bond salespersons
Sales representatives, manufacturing industries
Sales representatives, wholesale trade
Sales clerks, retail trade
Salesperson, retail trade
Salesperson of services and construction
Photographers
Public relations men and publicity writers
Radio and television announcers

Research workers, not specified

04 CLERICAL AND KINDRED WORKERS

Bank tellers
Billing Clerks
Bookkeepers
Cashiers
Clerical assistants, social welfare
Clerical supervisors, n.e.c.
Collectors bill and account
Counter clerks, except food
Dispatchers and starters, vehicle

Enumerators and interviewers, n.e.c.
Expeditors and production controllers
File clerks
Insurance adjusters, examiners, and investigators
Library attendants and assistants
Mail carriers, post office
Messengers and office boys
Meter readers, utilities
Office machine operators
 Bookkeeping and billing machine operators
 Calculating machine operators
 Duplicating machine operators
 Computer and peripheral equipment operators
 Key punch operators
 Tabulating machine operators
Payroll and timekeeping clerks
Postal clerks
Proofreaders
Real estate appraisers
Receptionists
Secretaries
 Secretaries, legal
 Secretaries, medical
 Secretaries, n.e.c.
Shipping and receiving clerks
Statistical clerks
Stenographer
Stock, clerks, and storekeepers
Teacher aides, exc. school monitors
Telegraph messengers
Telegraph operators
Telephone operators
Ticket, station, and express agents
Typists
Weighers

CRAFTSMAN AND KINDRED WORKERS

Automobile accessories installers
Bankers
Blacksmiths
Boilermakers
Bookbinders
Brick masons and stone masons
Brick masons and stonemasons, apprentices
Bulldozer operators
Cabinetmakers
Carpenters
Carpenter apprentices

Carpet installers
Cement and concrete finishers
Carpet installers
Compositors and typesetters
Printing trades apprentices, exe. pressmen
Crane men, derrick men, and hoist men
Decorators and window dressers
Dental laboratory technicians
Electricians
Electrician apprentices
Electric power linemen and cable men
Electrotypers and stereotypes
Engravers, exe. photogravures
Excavating, grading, and road machine operators,
exe. bulldozer
Floor layers, exe. Tile setters
Supervisor, n.e.c.
Supervisor and hammer men
Furniture and wood finishers
Furriers
Glaziers
Heat treaters, appealers, and temperers
Inspectors, scalars, and graders; log and lumber
Inspectors, n.e.c
Jewelers and watchmakers
Job and die setters, metal
Locomotive firefighter
Locomotive engineers
Machinists
Machinist apprentices
Mechanics and technicians
Air conditioning, heating, and refrigeration
Aircraft
Automobile body technicians
Auto mechanics
Auto mechanics apprentices
Data processing machine technicians
Farm implement
Heavy equipment mechanics, incl. diesel
Household appliance and accessory installers and
Mechanics
Loom fixers
Office machine
Radio and television
Railroad and car shop
Mechanic, exe. auto apprentices
Miscellaneous mechanics and technicians
Not specified mechanics and repairmen
Millers; grain, flour, and feed
Millwrights
Molders, metal
Molder apprentices

Motion picture projectionist
Opticians, and lens grinders and polishers
Painters, construction, and maintenance
Painter apprentices
Paperhangers
Pattern and model makers, exe. paper
Photoengravers and lithographers
Piano and organ tuners and technicians
Plasterers
Plasterer apprentices
Plumbers and pipe fitters
Power station operators
Press operator and plate printers, printing
Pressmen and palter printers, printing
Press operators apprentices
Rollers and finishers, metal
Roofers and slathers
Sheet metal workers and tinsmiths
Sheet metal apprentices
Ship fitters
Shoe technicians
Sign painters and letters
Stationary engineers
Stone cutters and stone carvers
Structural metal artisans
Tailors
Telephone installers and technicians
Telephone linemen and splicer
Tile setters
Tool and die makers
Tool and die maker apprentices
Upholsterers
Former members of the Armed Forces

11 SERVICE WORKERS, EXE. PRIVATE HOUSEHOLD

Cleaning service workers

Hotel cleaners and house cleaners, except private household
Cleaners and office cleaners
Janitors and sextons

Food Service Workers

Bartenders
Kitchen helpers
Cooks, except private household
Dishwashers
Food counters and fountain workers
Waiters

Health Service workers assistants

Health aides, exe, Dental assistants
Health TRAINEES
Lay midwives
Nursing aides, orderlies, and attendants

Practical nurses

Personal service workers

Airline flight attendants
 Attendants, recreation, and amusement
 Attendants, personal service, n.e.c.
 Baggage porters and bellhops
 Barbers
 Boarding and lodging house keepers
 Bootblacks
 Child care workers, exc. private household
 Elevator operators
 Hairdressers, exe. private household
 School monitors
 Ushers, recreation, amusement
 Welfare service aides

Protective service workers

Crossing guards and bridge tenders
 Firefighters, fire protection
 Guards and security guards
 Marshalls and constables
 Police men and detectives
 Sheriffs and bailiffs

13 STUDENT
14 HOMEMAKER
15 DISABLED/RETIRED
16 NONE

12 PRIVATE HOUSEHOLD WORKERS


Child care workers, private households
 Cooks, private household
 Housekeepers, private household
 Laundresses, private household
 House cleaners and servants, private household



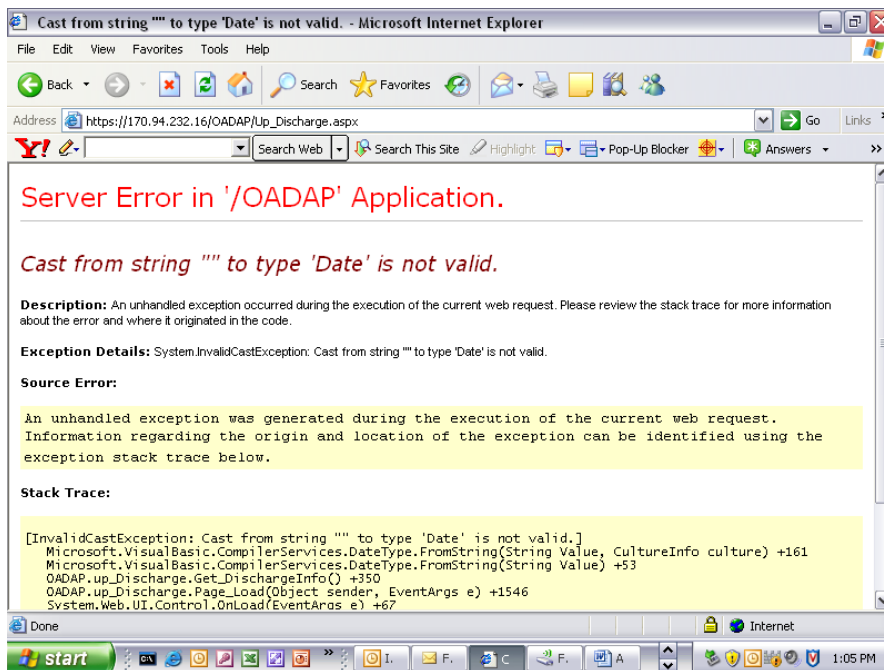
There is no specific code for members of the Armed Forces who are on active duty, rather specify and code the type of job, which the person performs. e.g., clerk-typist (Code 04) or aircraft mechanic (Code 05). Armed Forces, who are on active duty, rather specify and code the type of job, which the person performs. e.g., clerk-typist (Code 04) or aircraft mechanic (Code 05).

SUPPORTIVE SERVICES

To use the calendar icon to choose a date:

1. Click the calendar icon . The calendar window opens.
2. Click « or » to choose the appropriate year.
3. Click « or » to choose the appropriate month.
4. On the calendar, click the date you want to choose. The calendar window closes. The field that corresponds with the calendar icon is populated with the date you choose.

Please check the errors on your screen. The errors usually tell you what to do. However, if this type of error is on your computer screen, please contact your ADMIS Administrator.



How to do a print screen (Great for sending errors.)

1. Push print screen on your keyboard.
2. Go to your word processing program.
3. Click your paste icon.
4. It should appear and you can send it by e-mail.

New Source of Referrals and Detail Criminal Referrals:

In January 2009, new referrals were added to the system. Listed below are the new referrals.

Source of Referral

Family/Friends
 Individual-Self-Referral
 Prison/Jail/Corrections/Criminal
 Alcohol and Drug Abuse Provider
 Detoxification
 CMHC (Community Mental Health Center)
 Hospital
 Other Health Care Provider
 School
 Employer
 DHS/DCFS (Division of Children Family Services)
 DHS/DYS (Division of Youth Services)
 Other Community Referral
 Sevier Barriers
 Unknown

Detail Criminal Referrals

Act 10
 D/A Safety Education (Drug and Alcohol Safety Education)
 Department of Corrections
 Drug Court
 Federal Court
 Federal Parole
 Federal Probation
 Garrett's Law
 Juvenile Court
 Local Jail
 Municipal Court
 Municipal Probation
 State Court
 State Parole
 State Probation
 N/A
 Unknown



ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Behavioral Health Services - Office of Alcohol and Drug Abuse Prevention

Alcohol/Drug Management Information System (ADMIS)

Admission Report (AR)

Client ID _____

Provider ID _____

Date of Birth (mm/dd/yyyy) _____

Client First Name _____

Client Middle Name _____

Client Last Name _____

Client Sex Check One☐ Male☐ FemaleClient Race Check One☐ Alaskan Native☐ America Indian☐ Black☐ White☐ Asian☐ Hispanic Cuban☐ Hispanic Mexican☐ Hispanic Puerto Rican☐ Other Hispanic☐ Nat Hawaiian/PI☐ Unknown☐ Puerto Rican☐ Mexican☐ Cuban☐ Other.Spec.Hisp☐ Not Hispanic☐ Non Spec Hisp☐ Unknown

Admit Date (mm/dd/yyyy) _____

Admission Type Check One☐ First Admission☐ Readmission☐ Xfer from ADMIS Pgm☐ Xfer from Non-ADMIS PgmEnvironment Admitted to Check One☐ Detoxification☐ Residential☐ Prison☐ Day Treatment☐ OutpatientModality Admitted to Check One☐ Alcohol/Drug Treatment☐ Detoxification☐ Maintenance☐ OtherFunding Source for Initial Environment
Check One☐ RADDGR☐ SWS☐ SELF PAY☐ DPFUNDS☐ DPRADD☐ CLR☐ SAPT☐ SSBG☐ OTHER☐ COURT COST☐ SGRSpecialized Women
Services Check One☐ YES☐ NO☐ UnknownPregnant Check One☐ YES ☐ NO☐ UnknownWith Children
Check One☐ YES☐ NO☐ UnknownMedicaid Check One☐ YES ☐ NO☐ Unknown

Source of Referral Check One

- ☐ Family /Friend
- ☐ Individual -Self Referral
- ☐ Alcohol/Drug Abuse Provider
- ☐ Detoxification
- ☐ CMHC
- ☐ Hospital
- ☐ Other Health Care Provider
- ☐ School
- ☐ Employer
- ☐ DHS/DCFS
- ☐ DHS/DYS
- ☐ Other Community Referral
- ☐ Sevier Barriers
- ☐ Prison/Jail/ Corrections/Criminal
- ☐ Unknown

Occupation Check One

- ☐ Professional, technical
- ☐ Sales Workers
- ☐ Clerical
- ☐ Craftsmen
- ☐ Oper, except transport
- ☐ Transport equip oper
- ☐ Laborers, except farm
- ☐ Farmers / farm managers
- ☐ Farm laborers / farm foremen
- ☐ Svc wkr except priv HH
- ☐ Managers and Administrators
- ☐ Private HH wrkr
- ☐ Student
- ☐ Homemaker
- ☐ Disabled / Retired
- ☐ None

Marital Status Check One

- ☐ Never Married ☐ Married
- ☐ Separated ☐ Divorced
- ☐ Widowed ☐ Unknown

Employment Status at Admit Check One

- ☐ Full Time ☐ Part Time
- ☐ Unemployed ☐ Not in Labor Force
- ☐ Unknown

Highest Grade Completed at Admit _____

Currently in Educational or Skill Development Program Check One

- ☐ YES ☐ NO ☐ Unknown

Number Conviction 12 months prior to this admit _____

Number Prior Admissions to Any Treatment Program _____

Number of Arrests in last 30 days _____

County Code at Admit (Use County) _____

Months Since Last Discharge _____

Dually Diagnosed Check One

- ☐ YES ☐ NO ☐ Unknown

Health Insurance Type Check One

- ☐ Other Priv Ins ☐ Champus ☐ Medicaid ☐ No Insurance
- ☐ Blue Cross/ Shield ☐ Dep Client ☐ HMO ☐ Unknown
- ☐ Medicare ☐ Other Pub Fnds ☐ SSI or SSDI

Receives SSI / SSDI Check One

- ☐ YES ☐ NO ☐ Unknown

Receives TANF/TEA/Welfare to Work Check One

- ☐ YES ☐ NO
- ☐ Unknown

Opioid Treatment Check One

- ☐ YES ☐ NO ☐ Unknown

DSM Code _____

Client Living Arrangements Check One

- ☐ Homeless ☐ Dep living ☐ Indep Living ☐ Unknown

Client Veteran Status Check One

- ☐ YES ☐ NO ☐ Unknown

Client Income Source Check One

- ☐ Wages / Salary ☐ Other
- ☐ Public/ Assist ☐ None
- ☐ Rtrmt/ Pension ☐ Unknown
- ☐ Disability

Detail NILF Check One

- ☐ Homemaker ☐ N/A
- ☐ Student ☐ Unknown
- ☐ Retired
- ☐ Disabled
- ☐ Inmate
- ☐ Other

US Citizen Check One ☐ YES ☐ NO ☐ Unknown

Expected Payment Source Check One

- ☐ Self-Pay ☐ Worker Comp ☐ Unknown
- ☐ Blue Cross/ Shield ☐ Other Health Ins
- ☐ Medicare ☐ No Charge
- ☐ Medicaid ☐ Other

Detail Criminal Referral Code Check One

- ☐ Act 10 ☐ Federal Probation ☐ State Court
- ☐ Department of Correction ☐ Garrett's Law ☐ State Parole
- ☐ Dept of Community Correction ☐ Juvenile Court ☐ State Probation
- ☐ Drug Court ☐ Local Jail
- ☐ Federal Court ☐ N/A
- ☐ Federal Parole ☐ Municipal Court ☐ Unknown
- ☐ Municipal Probation

Social Support Program last 30 days Check One ☐ YES ☐ Unknown

☐ NO

Substance Usage at Admission (Fill in)					
	Drug Type (s)	Problem Severity	Frequency of Use	Usual Route	Age at First Use
Primary					
Secondary					
Tertiary					
IV / IM					

Drug Types	Problem Severity	Frequency of Use	Usual Route	Age at First Use
1. None 2. Alcohol 3. Cocaine (excel Crack)	1. Can Function Independ	1. No Use In Last Month 2. < Once A Week	1. Oral 2. Smoking 3. Inhalation	
4. Crack Cocaine 5. Marijuana/Hashish 6. Heroin	2. Occasionally Needs Assist	3. Once A Week 4. Several Times Week	4. Intramuscular 5. Intravenous 6. Other	
7. Non-RX Methadone 8. Other Opiates & Synth 9. PCP	3. Frequency Needs Assistance	5. Daily 6. Frequency Unknown	7. Not Applicable 8. Unknown	
10. Hallucinogens 11. Amphetamine 12. Methamphetamine 13. Other Stimulants	4. Cannot Function			



ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Behavioral Health Services - Office of Alcohol and Drug Abuse Prevention

Alcohol/Drug Management Information System (ADMIS)

Environment Change Report (ECR)

Client ID _____ Provider ID _____ Date of Birth (mm/dd/yyyy) _____

Client First Name _____ Client Middle Name _____ Client Last Name _____

Environment Enter Date
(mm/dd/yyyy) _____

Prior Environment Completed Date (mm/dd/yyyy) _____

Environment Admitted to Check One

Funding Source for Initial Environment Check One

<input type="checkbox"/> Detoxification	<input type="checkbox"/> Day Treatment	<input type="checkbox"/> RADDGR	<input type="checkbox"/> SWS	<input type="checkbox"/> SELF PAY	<input type="checkbox"/> DPFUNDS	<input type="checkbox"/> DPRADD	<input type="checkbox"/> CLR
<input type="checkbox"/> Residential	<input type="checkbox"/> Outpatient	<input type="checkbox"/> Prison	<input type="checkbox"/> SAPT	<input type="checkbox"/> SSBG	<input type="checkbox"/> OTHER	<input type="checkbox"/> COURT COST	<input type="checkbox"/> SGR

Environment Completed Date (mm/dd/yyyy) _____

Client ID _____ Provider ID _____ Date of Birth (mm/dd/yyyy) _____

Client First Name _____ Client Middle Name _____ Client Last Name _____

Admit Date (mm/dd/yyyy) _____

Date of Last Contact (mm/dd/yyyy) _____

Discharge Date (mm/dd/yyyy) _____

Reason for Discharge Check One

- | | |
|--|---|
| <input type="checkbox"/> Treat Complete | <input type="checkbox"/> Incarcerated |
| <input type="checkbox"/> Treat Complete Some Use | <input type="checkbox"/> Death |
| <input type="checkbox"/> CInt Left Trt | <input type="checkbox"/> Disch For Non Compliance |
| <input type="checkbox"/> Xfer To ADMIS Pgm | <input type="checkbox"/> Refer Outside Pgm |
| <input type="checkbox"/> Xfe To Non ADMIS Pgm | <input type="checkbox"/> Unknown |

Mobility at Discharge Check One

- ☐ Alcohol/Drug Treatment
- ☐ Detoxification
- ☐ Maintenance
- ☐ Other

Medication at Discharge Check One

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Naloxone |
| <input type="checkbox"/> Cyclazocine | <input type="checkbox"/> Naltrexone |
| <input type="checkbox"/> Disulfiram | <input type="checkbox"/> Other Antagonist |
| <input type="checkbox"/> LAAM | <input type="checkbox"/> Propoxphene N |
| <input type="checkbox"/> Methadone | <input type="checkbox"/> Other |

Employment Status Check One

Highest Grade Completed at Discharge _____

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Not in Labor Force |
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Unemployed | |

In Educational or Skill Development Program at Discharge Check One

Number Arrests during Treatment _____

- ☐ YES ☐ NO ☐ Unknown

Living Arrangements at Discharge Check One

Detailed Not in Labor Force at Discharge (NILF) Check One

- | | | | | | |
|---------------------------------------|-------------------------------------|------------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Dep Living | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Student | <input type="checkbox"/> Retired | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Indep Living | <input type="checkbox"/> Unknown | <input type="checkbox"/> Inmate | <input type="checkbox"/> Other | <input type="checkbox"/> N/A | <input type="checkbox"/> Unknown |

Social Support Program last 30 days Check One

- ☐ YES ☐ NO ☐ Unknown

County at Discharge _____

Substance Usage at Admission

	Drug Type (s)	Problem Severity	Frequency of Use	Usual Route	Age at First Use
Primary					
Secondary					
Tertiary					
IV/ IM					

DR Created on 1/5/2009

Problem Severity	Frequency of Use
1 Can function Independently	1 No use in Last month
2 Occasionally needs assistance	2 < once a week
3 Frequently needs assistance	3 Once a week
4 Cannot function	4 Several times a week

Glossary

A

Admission Report (AR) - The Admission Report provides data on admission status, client characteristics, alcohol/drug problems, and prior treatment. is to be completed each time a client enters treatment at a facility, regardless of the type of admission.

Admission Type – First Admission - To Any Program - This is the first time the client has received alcohol/drug abuse treatment at any program. The data pertains to the client at the time of first admission, All items must be completed, **Re-admission** - To Any Treatment Service Within This Program - The client has been discharged from any service within this program and is now being readmitted to the same program or any other service within that program. The client is reassigned his/her original client number. The data pertains to the client at the time of readmission for this current treatment episode, **Transfer Admission** - From another ADMIS Reporting Program. The client has transferred from one ADMIS reporting program to another ADMIS reporting program. **From A Non-ADMIS Reporting program.** The client has transferred from a non-ADMIS reporting program to an ADMIS reporting program.

Adolescents – Defined as admissions aged 12 to 17, inclusive.

Age-The client's age at the time of admission.

Age of First Use – This is to report for each substance of abuse. For substance other than alcohol, this identifies the age at which the client first used the drug and for alcohol, it is the age of first use that is reported for the age of first intoxication.

Alcohol - In everyday talk, alcohol usually refers to ethanol as, for example, in wine, beer, and liquor. It can cause changes in behavior and be addictive.

Alcohol/Drug Treatment - The modality does not include any chemical agent or medication as the primary part of the alcohol/drug program.

Alaskan Native (Aleut, Eskimo Indian) - A person having origins in any of the original people of North America

American Indian -A person having origins in any of the original people of North America and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment.

Amphetamines - This includes Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs.

Asian - A person having origins in any of the original people of the Far East, Indian Subcontinent, or Southeast Asia.

B

Barbiturates - This includes Phenobarbital, Seconal, Nembutal, etc.

Benzodiazepine - Includes Diazepam, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, and Triazolam, clonazepam and Halazepam and other unspecified Benzodiazepines.

Black (Not of Hispanic Origin) -A person having origins in any of the people of Sub-Saharan Africa (includes Haiti).

C

Client -For the purpose of this policy, client is a person who has completed the intake and screening process, and has been formally admitted to the facility within the standards set by the OADAP and the treatment program.

Client income source - Indicates the client's primary source of financial support. For children under 18, this field indicates the parents' source of income/support.

Client living arrangements - Specifies whether the client is homeless, a dependent, or is living independently, **Homeless** – Clients with no fixed address, **Dependent Living** – clients living in a supervised setting, such as a residential institution, halfway house or group, home, and children (under age 18) living with parents, relatives or guardians or in foster care, **Independent Living** – Clients living alone or with others without supervision, **Unknown**

Client receives SSI/SSDI - If a client receives Social Security or Social Security Disability Income.

Client receives TANF/TEA/Welfare To Work - If a client receives Temporary Assistance to Needy Families, Temporary Employment Assistance or Welfare to Work.

Client Veteran Status - Specifies whether the client is a veteran of any of the uniformed services (Air Force, Army, Coast and Geodetic Survey, Coast Guard, Marines, Navy, Public Health Service Commissioned Corps, etc).

Cocaine (excluding crack cocaine) - a crystalline tropane alkaloid that is obtained from the leaves of the coca plant. It is a stimulant of the central nervous system and an appetite suppressant, creating what has been described as a euphoric sense of happiness and increased energy.

Co-dependent/Collateral - a person who is making application for or who is a recipient of services due to problems arising from his/her relationship with an alcohol or drug user. Is seeking services due to problems arising from his/her relationship with an alcohol or drug user. This applies only to those persons who are not yet clients. *Services cannot be billed to ADAP.* Has been formally admitted for treatment (services) and the alcohol or other drug abuser is not an admitted client. This client has his or her own separate record. Has his/her own client record within another primary client record. Services are billed to ADAP under another client's number. None of the above/not applicable (the client).

Crack Cocaine -This includes Sodium processed cocaine, usually administered via smoking.

D

Date of Discharge – Specifies when the client was formally discharge from the treatment facility or service.

Date of Last Contact – Specifies when the client was last seen for a treatment.

Day Treatment - shall be a minimum of four (4) hours per day for five (5) days per week. This service shall include at a minimum intake, individual and group therapy, psychosocial education, case management and a minimum of one hot meal per day. In addition to the minimum services, partial day treatment may include drug testing, medical care other than detoxification and other appropriate services. A unit of service is a day.

Days awaited treatment - Indicate the number of days that elapsed from the first time the client contacted a treatment agency until he or she began to receive treatment services. Excluded are time delays resulting from the client failure to comply with administrative procedures or to meet other obligations.

Dependent Client - The client does not have private or public health insurance.

Detailed criminal referral – Indicated the specific type of referral for court/criminal justice/DUI/DWI referrals. Categories include the following: State Federal court. Formal adjudication process than other State/Federal court, probation/parole, other recognized legal entity (e.g.) local law enforcement agency, correction agency, youth services, or review board/agency) diversionary program, prison, DUI/DWI, and other.

Detail NILF - Detail Not in Labor Force - Provides more specific information about those clients who coded as “Not in Labor Force”. It specifies if the client “Not in Labor Force” client is a homemaker, student, retired person, an inmate of an institution, or other (not looking for work in last 30 days). (Institution means a prison or institution that restrains a person, otherwise able, from entering the labor force).

Detoxification - The modality that is the period of planned withdrawal from alcohol/drug dependence supported by use of a prescribed medication. The process of physically eliminating drugs and/or alcohol from the system of a substance-dependent individual. A hospital or residential detoxification setting where the client resides and is being treated primarily for alcohol/drug abuse problems. The client may, in addition, be receiving services for medical and/or psychiatric/psychological problems.

Disabled/Retired - This includes clients who are retired and adjudged unemployable (receiving 100% disability benefits from the Social Security Administration). By U.S. Bureau of Labor Statistics definitions, individuals within this code are not considered a part of the labor force.

Discharge Report (DR) - is to be completed for every client discharged from treatment at the facility, regardless of the reason. The report provides data on discharge status, client characteristics, alcohol/drug use, and time in treatment.

Divorced - dissolution of marriage is the ending of a marriage before the death of either spouse, which can be contrasted with an annulment, which is a declaration that a marriage is void.

Dually Diagnosed - is a client diagnosed with a substance abuse and a mental illness, as defined in the DSM-IV. This should only be a "Yes" if there is such a diagnosis made and documented for the record by a Mental Health Professional. A person in a related profession (licensed in the State of Arkansas and practicing within the bounds permitted by their licensing authority) with at least a Master's degree. **This includes the following professionals:** Psychiatrist (licensed in the State of Arkansas and having completed an accepted residency in psychiatry), Psychologist (licensed in the State of Arkansas), Psychological Examiner (licensed in the State of Arkansas), Master of Social Work (licensed in the State of Arkansas), Licensed Professional Counselor (licensed in the State Of Arkansas), Registered Nurse with 1 year supervised experience in a mental health setting (licensed in the State of Arkansas), Physician (licensed in the State of Arkansas).

Duration of Use – This is to be computed for each reported substance of use. This is to be computed as the time from age of first use to the date of admission.

E

Education Participation - Participation in an educational program such as attending a school or college to receive a diploma or degree; a high school equivalency program; on the job training or rehabilitation services (training in a Rehab program). Education data only for admissions aged 18 or older.

Employment Status – Identifies the client's employment status at time of admission. Employment data are calculated only for admissions aged 16 and older. Categories include:

- **Full time** – Working 35 hours or more each week includes members of the uniformed services.
- **Part time** – Working fewer than 35 hours each week.

- **Unemployed** – Looking for work during the past 30 days or on layoff from a job.
- **Not in labor force (NLF)** – Not looking for work during the past 30 days or a homemaker, student, disabled, retired, or an inmate of an institution. The Supplement Data Set item “Detailed Not In Labor Force” (see Detailed Not In Labor Force) indicates which the client is.

Environment - Environment indicates the primary treatment approach or regimen.

Environment Change Report (ECR) - is used to report changes in a client's treatment environment.

Ethnicity - Identifies the client’s specific Hispanic origin, if applicable or any. Puerto Rican, Mexican, Cuban, Other Specific Hispanic, Non-Specific Hispanic.

Expected/Actual Primary Source of Payment (S) – Identifies the expected primary source of payment for a treatment episode at the time of admission. Sources of payment include: self-pay, Blue Cross/Blue Shield, Medicare, Medicaid, other government payments, workers compensation, other health insurance companies, no charge, (Free, Charity, special research, or teaching,) and other.

F

Frequency of Use - This is to be reported for each substance of abuse. It identifies the frequency of use of the substance. Categories include: No Use In past month , Less Than Once Per Week, Once Per Week , Several Times Per Week , Daily, Frequency Unknown.

Funding source of initial environment - Indicate the funding source for the initial environment as determined by the services provided and the available grant: SAPT, SSBG, OTHER, SWS, RADDSSGR, RADDSSAPT, and CLR

Full-time - (35 Or More Hours a Week) this includes clients with part-time jobs that total 35 hours a week or more and clients with concurrent fulltime and part-time positions. Clients on strike with past working hours totaled 35 or more hours a week are also included.

H

Hallucinogens - This includes LSD, DMT, STP, mescaline, psilocybin, peyote, etc. (PCP is not included in this code.)

Health insurance status – Specifies the client's insurance (if any). The insurance may or may not cover alcohol and drug treatment. These are the categories: No Insurance, Blue Cross/Blue Shield, Other Private Insurance, Medicaid/Care (Client receives both Medicaid and Medicare), Champus (Civilian Health and Medical Program of The Uniformed Services), Other Public Funds For Health Care (This includes SSBG (Title XX)), SSI or SSDI (Social Security Income or Social Security Disability Income), Medicare, Medicaid, HMO

Heroin or diacetylmorphine (INN) is a semi-synthetic opioid. It is the 3, 6-diacetyl derivative of morphine (hence *diacetylmorphine*) and is synthesized from it by acetylation. The white crystalline form is commonly the hydrochloride salt, diacetylmorphine hydrochloride.

Hispanic-Mexican -A person of Mexican origin, regardless of race.

Hispanic-Puerto Rican -A person of Puerto Rican origin, regardless of race.

Hispanic-Cuban -A person of Cuban origin, regardless of race.

I

Inhalants - This includes ether, glue, chloroform, nitrous oxide, gasoline, and paint thinner, etc.

IV/IM problem or use - Drug usage where the route of administration is by injection into the muscle, vein or by subcutaneous or "skin popping" at any time during the client's drug taking history.

L

Length of Stay – the time elapsed between date of admission and date of last contact (or date of discharge if date of last contact is not reported).

Living arrangements (S) – Specifies whether the client is homeless, living with parents, in a supervised setting, or living on his or her own. Categories include:

- **Homeless** – clients with no fixed address, including shelters.
- **Dependent living** – Clients living in a supervised setting, such as residential institution, halfway, house, or group home, and children (younger than 18) living with parents, relatives, or guardians, or in foster care.
- **Independent living** – Clients living alone or with others without supervision.

M

Marital status – Categories include the following: never married, now married, separated, divorces and widowed. (A common analytic category combines divorces, separated, and widowed as formerly married.”)

Married - This includes the client who is legally married and the client who considers himself/herself married.

Marijuana/Hashish - This includes THC and any other cannabis sativa preparations

Medication at discharge –

- **None**
- **Methadone**
- **LAAM (l-alpha acetylmethadol)**
- **Propoxyphene-N**
- Trade Name: **Darvon-N**,
- **Naloxone**--Antagonist prescribed as the Primary medication,
- **Cyclazocine** -Antagonist prescribed as the Primary medication,
- **Disulfiram** - Trade Name: Antabuse-Prescribed as the primary medication during alcohol abuse treatment,
- **Other Antagonist**-For example: Nalorphine, Levallorphan, Naltrexone, Antagonist prescribed as the Primary medication,
- **Other** -A medication not listed above that is prescribed as a Primary part of the client's treatment regimen.

Methamphetamines - (or methyl amphetamine or desoxyephedrine) is a synthetic stimulant drug used for both medicinal and recreational purposes (the latter use is illegal in most countries). Like most stimulants, methamphetamine can cause a strong feeling of euphoria, thus creating the potential for addiction.

Modality - Modality is the geographic unit in which treatment takes place.

Modality at admission – a) Maintenance -The modality assigned during which Disulfiram is prescribed to achieve stabilization b) Other - The modality assigned

Modality at time of discharge – **Detoxification (with or without counseling)** Observation and Medical Detoxification, **Maintenance** -The modality assigned during which Disulfiram is prescribed to achieve stabilization, **Alcohol/Drug Treatment**, The modality does not include any chemical agent or medication as the primary part of the alcohol/drug program, such as, Residential and Partial Day, and Outpatient, **Other**, The modality assigned other than those specified above.

N

Native Hawaiian or Other Pacific Islander - A person of origins in any of the original peoples of Hawaii, Guam, Samoa, or other pacific islands.

Never Married - This includes the client whose marriage has been annulled.

Non-Rx Methadone -Methadone obtained and used without a legal prescription.

Not in Work Force - Client is not seeking employment in the past 30 days or a student.

O

Opioid treatment - Specifies whether methadone, LAAM, bupreorphine, or other opioid replacement therapy is part of the client's treatment plan.

Other - This includes any other drug not falling into one of the specified categories.

Other Hispanic - A person of other Hispanic origin

Other Opiates and Synthetics -This includes codeine, Dilaudid, morphine, Demerol, opium, and any other drug with morphine-like effects.

Other Sedatives or Hypnotics - This includes methaqualone, chloral hydrate, Placidyl, Doriden, etc.

Other Stimulates - Includes all other stimulants

Outpatient - The client resides outside the program. The client participates in an alcohol/drug abuse treatment program, with or without medication. The client attends the program according to a predetermined schedule for services that includes counseling and supportive services.

Over-the-Counter - This includes aspirin, cough syrup, Sominex, and any other legally obtained, nonprescription medication

P

Part-time -(Less Than 35 Hours a Week) this includes clients on strike with past working hours totaled less than 35 hours a week.

PCP (Phencyclidine) - is a dissociative drug formerly used as an anesthetic agent, exhibiting hallucinogenic and neurotoxic effects.

Pregnancy Status – Specifies whether or not a client is pregnant at the time of admission.

Primary Substance of Abuse – The main substance of abuse reported at their time of admission. The following substances include alcohol, cocaine; hallucinogens; inhalations; marijuana/hashish; opiates including heroin, non-prescription methadone, and other opiates and synthetics; over-the-counter (OTC) medications, phencyclidine (PCP); sedatives including barbiturate and other non-barbiturate sedatives; stimulants including methamphetamine, other amphetamines, and other stimulants; and tranquilizers including benzodiazepines and other non-benzodiazepine tranquilizers.

Primary Source of Income/Support – identifies the client's primary source of financial support. For admissions younger than 18, this field indicates the parents primary source of income/support. Categories include the following: wages/salary, public assistance, retirement/pension, disability, other, and none.

Prison - The client is incarcerated in a Federal, State, or other prison or jail and participates in a treatment program within the correctional institution. The program's funded environment may not be prison, but program staff in a prison environment is providing regularly scheduled treatment services. If the client is leaving the prison on a regular basis to receive alcohol/drug abuse treatment services from a program outside the prison, enter the environment as either day treatment or outpatient.

Program - A program provides alcohol/drug abuse treatment services directly to clients. A single program may provide more than one modality and environment.

Psychiatric Problem in Addiction to Alcohol or Drug Problem – Identifies whether or not the client has a psychiatric problem in addition to his or her alcohol or drug use problem. (Also referred to as “Co-occurring disorders.”)

R

Race – Specifies the client's race. The categories include Alaska Native, American Indian (other than Alaskan Native), Asian or Pacific Islander, Black or African Americans, White.

Race/Ethnicity – (*Computed from race and ethnicity*) Admissions with non-Hispanic ethnicity and Black, White, Asian or Pacific Islander, American Indian, or Alaskan Native race are classified by the race response. Admissions with Hispanic ethnicity and Asian or Pacific Islander, American Indian, or Alaskan Native race; admissions with non-Hispanic ethnicity and unknown race; and admissions with two or more races are classified as “other” race/ethnicity.

Reason for Discharge – Indicates the outcome of treatment on the reason for transfer or discontinuance of treatment. Categories include the following:

- **Completed treatment; no alcohol/drug use**-The client has no alcohol/drug problem and has not used alcohol/drugs during the 30 days prior to discharge
- **Completed treatment; some alcohol/drug use**-The client has no alcohol/drug problem but has used a drug(s) during the 30 days prior to discharge
- **Transfer to an ADMIS reporting program**-The client is discharged from the program and is transferred for continued treatment to another ADMIS reporting facility, Treatment has not been completed
- **Transfer to a non-ADMISS reporting facility, Referred outside this facility, Non-Compliance Program Rules**-The client is discharged for violation of program rules. (For example, for continued alcohol/drug involvement, etc.) Treatment has not been completed
- **Client left before completing treatment** The client is discharged because of his/her decision to leave the program before completion of treatment or his/her refusal to continue a further phase of treatment. Treatment has not been completed
- **Incarcerated**-The client is discharged because of incarceration. Treatment has not been completed
- **Death**

Referral Sources - Principal Source of Referral – Describes the person or agency referring the client to the alcohol or drug abuse treatment program. These include:

- **Individual (includes self –referral)** – Includes the client, a family member, friend, or any other individual not included in the other categories.
- **Alcohol/drug abuse care providers** – Any program, clinic, or health care provider whose principal objective is treating clients with substance abuse problems, or a program whose activities are related to alcohol, or other drug abuse prevention, education, or treatment.
- **Other health care provider** – A physician, psychiatrist, or other licensed health care professional, mental health program, or nursing home.
- **School (educational)** – A school principal, counselor, or teacher; or a student assistance program (SAP), the school system, or an educational agency.
- **Employer/EAP** – A supervisor or an employee counselor.
- **Other community referral** – A community or religious organization, or any Federal, State, or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. Self-help groups such as Alcoholics Anonymous (AA), Al-Non, and Narcotics Anonymous (NA), are also included in this category.
- **Court/Criminal justice/DUI/DWI** – Any police official, judge, prosecutor, probation officer or other person affiliated with a Federal, State, or County judicial system. The Supplemental Data Set “Detailed Criminal Justice Referral” (see Detailed Criminal Justice Referral) indicates the specific type of referral for admissions with this response.

Residential - An alcohol/drug abuse treatment unit where the client resides. Alcohol/drug treatment therapeutic communities are included. When alcohol/drug treatment services are

provided to a client who resides in a nonalcoholic/drug related residential setting, enter the environment as either partial day treatment or outpatient.

Route of admission - **Route Unknown**, **Oral** -Ingested by mouth, **Inhalation**, **Smoking**- Absorbed through the lungs and respiratory system by mouth, **Intramuscular**- Administered by injection into the muscles, **Intravenous**-Administered by injection into the veins, **Other**, **Not Applicable**

S

Secondary Substance– This is the second substance that is allowed in addition to the primary substance.

Separated - This includes the married client not living with spouse by choice, whether or not a court has entered a decree of legal separation.

Severity of Problems - Client can function independently without any assistance, Client occasionally needs assistance to function within the community, Frequently needs assistance to function, Cannot function in community at this time; needs institutionalization, includes residential programs, halfway houses, etc.

Sex –Identifies the client’s gender as male or female.

Social Support - The mutual self-help concepts of these categories:

- Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous
- A community-based program or home that provides a sober supportive environment, offers services to persons with alcohol- or drug-related problems, and educates the surrounding community concerning such problems in order to reduce alcohol- or drug-related problems including alcoholism or drug addiction.
- Faith-Based support groups

Specialized Women Services/Women Services – Programs that offer specialized services for women abusers of alcohol and other drugs are funded as a set-aside through the federal Substance Abuse and Treatment Block Grant. To qualify for this funding, a program must provide the following:

- An outreach program
- Emphasis on pregnant women and women with dependent children
- Withdrawal management
- Six-month minimum involvement in the recovery program
- On-site shelter component for women and their dependent children
- An Intensive Recovery Program phase which includes groups specific to women's needs, such as:
 - Abuse
 - Anger management

- Parenting
- Medical care for the residents and their children, including pre-natal care if needed and basic immunization for the children.
- Child care, including prevention services
- Extensive wrap-around/continuing care services, including transportation
- Services to assist the woman's reintegration to the community

Substance Abuse Assessment and Intake - A one-time charge per client per admission.

Admission is defined as at least a unit of residential service, a unit of day treatment, or four units (1 hour) of outpatient counseling in addition to the day the client was assessed. The client cannot be admitted and discharged on the same day. Assessment for Substance Abuse must include the administration of an interview to provide information on the client, the client's alcohol/drug taking history, employment history, family background, and prior treatment. The administration of the Addiction Severity Index (ASI) must be included. These other items, may be included; are physical exam, drug testing, and other screening or assessment tools for substance abuse and mental health.

T

Tertiary Substance – This is the third substance if the client is using 3 substances at the time of admission.

Tranquilizers - This includes Librium, Valium, Miltown, etc.

Type of Service Admission – Categories include eight service types grouped in three service settings:

- **Detoxification** – Includes two service types: 24 – hour service hospital inpatient, and 24-hour service free-standing residential.
- **Rehabilitation/Residential** – Includes three service types: hospital (other than detoxification), short-term (30 days or fewer) and long- term (more than 30 days)
- **Ambulatory** – Includes three types: intensive outpatient, non-intensive outpatient, and ambulatory detoxification.
- **Opioid Replacement Therapy** – Identifies whether or not the use of methadone or buprenorphine is part of the client's treatment plan for opioid addiction.
- **Type of Service Discharge** – The types of service at discharge are based on the discharge at admission; but six of the discharge categories exclude records where opioid replacement therapy was planned as part of treatment:
 - ambulatory; non-intensive outpatient;
 - ambulatory, intensive outpatient;
 - rehabilitation/residential, short-term (30 days or fewer);
 - rehabilitation/residential, long term (more than 30days);
 - rehabilitation/residential, hospital; and

- detoxification (all detoxification clients, regardless of service setting, except for those reporting opioid replacement therapy).

Records reporting planned use of opioid replacement therapy occurred mainly in two service types, and these are reported separately:

- outpatient opioid replacement therapy and
- opioid replacement detoxification.

U

Underage alcohol admission – Alcohol treatment admissions younger than 21 years old.

Unemployed - Client is seeking employment. This includes clients who have registered with public or private employment agencies, responded to, or placed ads, submitted resumes to potential employers, and those clients who are waiting a start date of a new job or recall from layoff.

Usual Route of Administration – This has to be reported for each reported substance of abuse. This identifies the usual route of administration of the substance. Categories include: oral, smoking, inhalation, injection (intravenous or intramuscular), or other. Crack Cocaine is defined as smoked cocaine.

U.S. Citizen - All persons born or naturalized in the United States.

V

Veteran Status – Identifies whether or not the client has served in the uniformed service (Army, Navy, Air Force, Marines, Coast Guard, Public Health Service Commissioned Corps, Coast and Geodetic Survey, etc.).

W

Widowed - is a woman whose husband has died. A man whose wife has died is a widower.

White (Not of Hispanic Origin) - A Caucasian person having origins in any of the people of Europe (includes Portugal, North Africa, or the Middle East).